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The Public Health Committee

of

THE NEW YORK ACADEMY OF MEDICINE

A Survey of Its Activities During Five Years of Work

1911-1916

17 West Forty-Third Street

New York City

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Membership of the Public Health Committee, 1916

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FOREWORD

The present Report contains a summary of the activities of the Public Health Committee of the New York Academy of Medicine during the first five years of its existence. In this period of time the Committee has come into contact with so many problems concerning the health of the City and has been called upon to express its opinion on so many vital matters, that it has been thought advisable to bring all the reports, suggestions and recommendations together, in the hope that in this readily available form they might be of use to those interested in public health problems.

The material has been classified under twelve topical headings, covering the main divisions of the field of public health endeavor. Some problems which were of more immediate urgency have occupied the attention of the Committee more than others, and a great deal of time and attention was devoted in bringing about certain administrative changes or reforms, notably that of the transfer of the quarantine station at the Port of New York from State to Federal control. The contagious disease hospitals in this City, child hygiene, vital statistics and health publicity, and the budgets of the Departments of Health, Bellevue and Allied Hospitals and Public Charities are matters which have claimed particular attention on the part of the Committee.

The Committee acknowledges its deep appreciation of the services rendered by former members who are no longer upon the roll of membership. Dr. John H. Huddleston, whose untimely death last year was a great loss to the entire community, was particularly unsparing in his devotion to the interests of the Committee which owes much to his ability, tact and wise counsel. The Committee also wishes to acknowledge the hearty co-operation it

has received in its work on the part of the Commissioners and employees of the several City departments with which it has dealt, and of the various civic organizations and other associations interested in public health work.

The Committee takes this occasion to acknowledge the generosity of the contributors to its financial support. Mrs. E. H. Harriman furnished the fund which first established the work of the Committee and has been very gracious in support ever since. In addition, the following persons have contributed to this work during the past five years: Mr. George Blumenthal, Dr. Charles L. Dana, Mr. Philip J. Goodhart, Mr. Edward S. Harkness, Dr. L. Emmett Holt, Dr. Abraham Jacobi, Dr. Walter B. James, Mr. Meyer H. Lehman, Mr. Adolph Lewisohn, Mr. Isaac N. Seligman, Dr. Philip Van Ingen, and Mr. Charles A. Wimpfheimer. Two anonymous contributions have also been received, one through Dr. Nathan E. Brill and the other through Dr. T. Passmore Berens.

I

THE ORGANIZATION OF THE COMMITTEE

The Code of Medical Ethics, adopted in 1847 by the American Medical Association, recognizes physicians as conservators of public health and declares that "it is a delicate and noble task, by the judicious application of Public Hygiene to prevent disease and lengthen life, and thus to increase the productive industry, and without assuming the office of moral and religious teaching, to aid the civilization of an entire people."

Early in its history the Academy of Medicine stated in its constitution that one of its four objects was the promotion of public health; and in 1852, following the precept already quoted, it created a standing Committee on Public Health. In 1858 a Section on Public Health and Legal Medicine was established, which existed until April 26, 1911 when at its own request it was abolished by the Council of the Academy and replaced by a Committee on Public Health. Prior to that a Committee on Hospitals was appointed by the President of the Academy on March 25, 1908* and on May 25, 1910 another Committee was appointed to represent the Academy at the budget hearings before the Board of Estimate and Apportionment. These two Committees were merged into one on May 1, 1911 and on October 22, 1911 the Committee on Public Health was merged with the joint Committee on Hospitals and Municipal Budget into the Public Health, Hospital and Budget Committee with the following membership: Dr. Charles L. Dana, Chairman, Dr. James Alex. Miller, Secretary, Dr. Herman M. Biggs, Dr. John Winters Brannan, Dr. Algernon T. Bristow, Dr. Robert J. Carlisle, Dr. Arpad G. Gerster, Dr. S. S. Goldwater, Dr. L. Emmett Holt, Dr. John H. Huddleston, Dr. Abraham Jacobi, Dr. Theodore C.

NOTE:—Under the Chairmanship of Dr. Charles L. Dana the Committee on Hospitals did important work for over two years, until the organization of the larger Committee.

Janeway, Dr. Samuel Lloyd, Dr. W. Gilman Thompson and Dr. Linsly R. Williams. Several changes in the membership have been made since then. In 1912 Dr. Haven Emerson and Dr. Philip Van Ingen were elected to the membership of the Committee; during 1913 Dr. Frank S. Meara, Dr. James Ewing, Dr. Egbert Le Fevre and Dr. Frederic S. Lee served on the Committee; and in 1914 Dr. Edward L. Keyes, Jr., was a member. Death has removed Dr. Algernon T. Bristow, Dr. Egbert Le Fevre and Dr. John H. Huddleston. In the early stages of the Committee Dr. Herman M. Biggs and Dr. John Winters Brannan, both of whom were officially connected with City Departments, resigned. Upon his appointment as Deputy Commissioner of the State Department of Health, Dr. Linsly R. Williams also resigned. In 1914 Dr. S. S. Goldwater became Commissioner of the Department of Health of New York City and Dr. Haven Emerson his Deputy, and both severed their connections with the Committee. Since his resignation from the Commissionership, Dr. Goldwater has again joined the Committee. E. H. Lewinski-Corwin, Ph.D. has been Executive Secretary since May 1, 1911. On January 7, 1915, at its annual meeting, the Academy voted to change the name of the Committee to the Public Health Committee and defined its status in the following resolution:

RESOLVED: That the President be authorized to appoint each year a committee to be known as the Public Health Committee, and to fill such vacancies as may occur in it, or make such additions as may seem best. This Committee shall be authorized to co-operate with public health activities and to make studies of, and issue statements upon matters pertaining to public health and hospitals; but such statements shall not be issued until approved by three-fourths of the Committee and by the President of the Academy of Medicine. Subject to these provisions and in pursuance of these objects the Committee is authorized to appear before any committee, board, legislature or other body, in order to make statements and express opinions on matters relating to public health and hospitals.

The membership of the Committee at the present time is as follows: Dr. Charles Loomis Dana, Chairman, Dr. James Alexander Miller, Secretary, Dr. T. Passmore Berens, Dr. Nathan E. Brill, Dr. Robert J. Carlisle, Dr. Floyd M. Crandall, Dr. G. A. Friedman, Dr. Lewis Fox Frissell, Dr. Arpad G. Gerster, Dr. S. S. Goldwater, Dr. Thomas W. Hastings, Dr. L. Emmett Holt, Dr. Abraham Jacobi, Dr. Howard Lilienthal, Dr. William G. MacCallum, Dr.

Bernard Sachs, Dr. Thomas W. Salmon, Dr. W. Gilman Thompson, Dr. Philip Van Ingen, Dr. Karl M. Vogel and Dr. George B. Wallace.

The scope of the Committee's work has been very large, and during the five years of its existence it has come into contact with almost every phase of public health endeavor in this City. The program of work as formulated by the Committee in 1911, wide as it was, failed to include all the fields into which the actual activities of the Committee have been carried.

THE SCOPE OF THE WORK OF THE COMMITTEE AS OUTLINED IN ITS ORIGINAL PROGRAM.

I. Public Health

(a) To maintain a bureau for the collection of facts in regard to public health, sanitation, and hygiene.

(b) To endeavor to establish an active co-operation with all public health activities in the City.

(c) To keep the medical profession advised of current public health conditions.

(d) To render to the public authorities and to the community at large an authoritative medical opinion on public health matters; this to include conferences with officials of various City Departments, the holding of public meetings, the giving of lectures, the distribution of literature, and other methods of publicity.

(e) To undertake and suggest special researches looking to the solution of vital public health problems, such as an investigation of industrial diseases, etc.

(f) To make a comparative study of methods and results of public health activities in other cities, both in this country and abroad.

(g) To co-operate with the Library Committee in maintaining the literature in the Academy Library upon the subjects of public health, sanitation, and hygiene in a high degree of efficiency.

II. Municipal Budget

(a) To utilize facts obtained by the study of public health and hospital conditions for practical application in the preparation of the annual municipal budget.

(b) To assist actively the various departments of the City government which relate to public health and hospitals in the preparation of their tentative budgets.

(c) To take an active part in the budget hearings before the Board of Estimate and Apportionment.

III. Hospitals

(a) To make a study of hospital and dispensary conditions in New York City, including public health and private institutions in all the boroughs, this study to be made from a standpoint of:

1. Construction
2. Equipment
3. Administration
4. Medical efficiency

(b) To plan for the future development of hospitals and dispensaries according to the distribution of population, and to further the efforts already being made to raise the standards of dispensary work.

(c) To undertake a comparative study of hospital and dispensary conditions in other cities, both in this country and abroad.

(d) To co-operate with the Library Committee in establishing and maintaining a section in the Library of the Academy for the collection of all forms of literature relating to hospitals and dispensaries.

Rarely has a written program been more faithfully carried out, as the following pages, outlining the various activities of the Committee during the past five years will demonstrate. In addition, it will be noted that the sphere of action of the Committee has widened materially by a proportionate development, until, through it, the Academy of Medicine may truly be said to be a potent force in the public health movement, so that at the present time it more nearly approaches the ideal expressed in the Code of Medical Ethics in 1847, than at any previous period of its history.

II

HOSPITALS

CONTAGIOUS DISEASE HOSPITALS OF THE CITY.

The first matter which claimed the attention of the Committee was the contagious disease hospital situation in this City. During the summer of 1911 an intensive investigation was carried on with the co-operation of Dr. Lederle, then Commissioner of Health of the City of New York. It comprised a study of details of organization, construction and administration. The hospital facilities were studied in connection with the hospital population and its character; statistics of transfers of patients from borough of residence to other boroughs, their condition on arrival at the hospitals, were compiled and classified; age and sex statistics for each disease were grouped separately; the degree of overcrowding was analyzed by weeks and presented graphically on charts. The question of cross infections was thoroughly studied in all its bearings. Medical reports and records were examined. Comparative mortality rates in hospitals here and abroad, and in the City in general, were compiled and analyzed. The results of the work of the hospitals for a number of years were carefully compiled and studied. A statistical study of the prevalence of the contagious diseases in the City revealed the coincidence in the prevalence of measles and scarlet fever and their epidemic nature in comparison with the constancy of diphtheria for a number of years. The endemic nature of this disease, as well as the large number of fatalities resulting from it, in view of the fact that the cause of the disease and the mode of transmission are known, was emphasized and recommended for a special study.

The report on Contagious Disease Hospitals, and the Commit-

tee's numerous recommendations with regard to them were submitted to the Department of Health and to the Board of Estimate and Apportionment. A copy of the recommendations is herewith appended. Many of the recommendations were adopted by the Department. Others, although considered very desirable, could not be adopted at the time because of the lack of funds for putting them into practice.

RECOMMENDATIONS AND SUGGESTIONS REGARDING CONTAGIOUS DISEASE HOSPITALS.

Presented to the Department of Health in 1911.

New Hospitals.

1. Two new hospitals for contagious diseases, especially for Scarlet Fever and Diphtheria, should be provided for in the immediate future. One in the Borough of the Bronx and one in Queens. These hospitals should be located near congested centers or those which are apt to become more thickly populated.

2. The majority of beds in these hospitals should be for scarlet fever patients; a comparatively small number for diphtheria and for measles.

3. A special hospital for measles should be constructed in the Borough of Manhattan.

4. Hospitals should be so located that the long ambulance rides which at present often occur, should be eliminated.

The possibility of substituting automobiles for the horse ambulance is recommended.

Details of Hospital Construction.

1. The wards in these hospitals should be small with a maximum capacity of ten patients, with facilities for dividing the ward into alcoves by glass partitions half the height of the room.

2. Sufficient accommodations should be provided for observation wards in each hospital.

3. There should be in addition a number of small rooms for the segregation of cases of mixed infection, doubtful cases and cases with complications.

4. Convalescent patients should be separated from those who are actively and acutely ill.

5. Children's wards for acute illness should be restricted for the use of children only, and the beds should be of such size as to make doubling up impossible.

6. There should be a large number of water closets and linen closets situated conveniently to the wards.

7. Every ward should have a small treatment room adjoining.

8. Elevators in the hospitals should be provided with safety devices which would prevent the starting of them unless all the shaft-doors are closed.

Quarantine and Sanitary Regulations.

1. Existing rules should be more strictly enforced.

2. Ward maids should not be allowed to come in direct contact with the patients, and convalescent patients should not be permitted to enter the diet kitchens.

3. The precautions already taken against vaginitis are to be commended and should be extended as rapidly as possible.

4. It is suggested that smears should be taken by one or two especially instructed and responsible persons, either physicians or nurses, and that they should be specially trained in the most effective method of obtaining the smears.

5. Cases with purulent discharge from the nose, throat, or ear should be treated in special pavilions and provisions made for the retention of these cases until danger from them has ceased.

Nursing.

1. Provisions should immediately be made for an increased number of nurses with increased salaries, so that they may be of a higher grade of women.

2. These nurses should be retained on the payroll for the entire year, arrangements being made for their transfer to other divisions of the Health Department when they are not needed during the light months of contagious diseases.

3. There should be at least one nurse to every ten acute cases during the day and to every fifteen such cases during the night.

4. Special nurses should be available for very sick patients.

5. It is suggested that the desirability of employing specially trained nurses for some of the ambulance duty be considered.

Medical Care.

1. The recent change in the visiting medical staff at the Willard Parker Hospital is highly recommended. It is urged that every facility be given for the proper study and medical care of the patients, especially by prompt attention to requisitions for medical equipment.

2. That the time of the internes be so arranged that they can give a large proportion of it to ward duty rather than to ambulance duty.

3. That the internes should be impressed with the value of the clinical and laboratory studies to a much larger extent than at present, instead of the concentrated interest in the practice of intubation, and that proper laboratory facilities be supplied for that purpose.

4. A Medical Board similar to that existing at Willard Parker should be established at the Kingston Avenue Hospital.

After Care.

1. All cases discharged from the hospitals should be followed up in their homes by visiting nurses to make sure of their complete recovery, to provide for country convalescent care when necessary, and to discover when possible secondary cases.

2. A social service department should be organized at each hospital for this purpose.

3. The possibility of providing country convalescent branch hospitals which relieve congestion in the acute service, should be considered.

Special Problems.

1. The high mortality in the hospitals from measles as compared with the same disease in the home is very striking. We would recommend that a careful study be instituted to ascertain the causes of this mortality, and to obviate it if possible. It has been suggested that cases of measles should never be sent to hospitals excepting when absolutely necessary because of the environment in the home, for the reason that measles in an institution always becomes a more serious disease. Should this be the case, the appointment of special nurses by the Department to care for measles in the homes under the direction of the Department of Health should be carefully considered. Also in the hospital, special care against over-crowding or close contact with other patients should be taken in the case of measles, by introduction of glass partitions in the wards.

2. The persistently constant percentage of morbidity of diphtheria during the last five years is worthy of note. This disease seems less influenced by epidemics than the other contagious diseases, and inasmuch as the bacterial cause of infection and the method of transmission are well recognized, it would appear as though a special study of this disease might lead to fruitful results in the diminution of its prevalence.

NEW CONTAGIOUS DISEASE HOSPITALS FOR THE BOROUGHS OF BRONX AND QUEENS.

The studies made revealed the urgent need of additional hospital facilities in the Boroughs of Bronx and Queens. The Committee urged the appropriation of funds for these two institutions on the Board of Estimate and Apportionment. The money was appropriated, but difficulties were encountered when plans were being drawn for the erection of these hospitals on the sites owned by the Department of Health because of the opposition of the neighboring real estate interests, particularly in the Bronx, to the erection of a contagious disease hospital near their properties. The Committee then published a pamphlet entitled, "Argument for a Contagious Disease Hospital in the Bronx," which emphasized the availibility of the site owned by the Department of Health and argued against the placing of the new hospital on North Brother Island. At the same time the Committee emphasized the fact that a hospital for diphtheria, measles and scarlet fever is not a danger to the neighborhood; that the theory that these diseases can be transmitted through the air to persons in the vicinity is obsolete; and that the prejudice against a properly equipped and administered contagious disease hospital as a danger to the neighborhood has ceased to exist in many foreign cities and is without scientific basis. The existence of an unfounded prejudice, however, was allowed to thwart progress toward meeting a well recognized need, and the hospital in the Bronx has not yet been constructed although the new site selected is free from opposition on the part of the real estate interests.

The present as well as the immediate future needs of the Borough of the Bronx call for a hospital, the size of which should be considerably larger than it would be possible to build with the appropriation of $125,000. Unless an adequate plant is constructed it will be impossible to administer the institution economically, and, what is more important, the medical service will of necessity be divided between the new hospital and North Brother Island, which was pointed out by the Committee to be a most undesirable procedure, as the Island is needed for the isolation of numerous

cases of advanced tuberculosis and venereal diseases which are of particular danger to the community.

ARGUMENT FOR A CONTAGIOUS DISEASE HOSPITAL IN THE BRONX.

Prepared by the New York Academy of Medicine Committee on Public Health, Hospitals and Budget, in June, 1912, printed and distributed among various civic and public health agencies of the city.

Number of Cases of Contagious Diseases.

By the Federal Census of 1910, the Borough of Bronx is credited with a population of 430,942, or with about one tenth of the entire population of Greater New York.

The Reports of contagious diseases made to the Department of Health in 1910 and 1911 furnish the following figures, indicating the prevalence of the three common contagious diseases per 1000 of population in Greater New York, and in the Bronx:

	Greater New York		Bronx	
	1910	1911	1910	1911
Diphtheria	3.53	2.7	3.86	3.0
Scarlet Fever	3.94	3.1	5.16	3.4
Measles	7.36	5.1	11.36	5.9

The share originating in the Borough of Bronx is somewhat in excess of its population ratio, the birth rate of the Bronx being high in comparison with the birth rates of other Boroughs.

	Number in Bronx		Percent. of number in Greater New York	
	1910	1911	1910	1911
Diphtheria	1696	1499	10	11
Scarlet Fever	2264	1663	12	10
Measles	4988	2879	14	11

Disposition of Cases.

Many of these cases are obliged to go to the contagious disease hospitals, and as there is no such hospital in the Bronx, with the exception of one consisting of three wards on North Brother Island, almost all the Bronx Patients are sent either to Willard Parker Hospital, at the foot of East 16th Street, Manhattan, or to Kingston Avenue Hospital in Brooklyn.

NUMBER OF PATIENTS FROM THE BRONX.

At	Diphtheria	Scarlet Fever	Measles	Other Cases	Percentage of patients coming from the Bronx
Willard Parker Hospital.....	155	218			9.26
Kingston Avenue Hospital...			191	21	7.00

During the period from January 1, 1911 to May 1, 1912, the number of diphtheria cases removed from the Bronx to the Willard Parker Hospital was 2044, or 9.6 per cent. of all the diphtheria cases treated in the Hospital; the number of Bronx scarlet fever cases at the Hospital being 2779, or 10.9 per cent. of the total cases treated.

The necessity of this disposition of cases must be considered as unfortunate. The long ambulance ride, amounting in some instances to eighteen miles, has been shown to be exhausting to many and fatal to some. Cases are recorded which did not survive 24 hours after they had been subjected to this experience.

Furthermore, Willard Parker and Kingston Avenue Hospitals are crowded to a dangerous point during the months of the greatest prevalence of contagious disease, that is, from December to May. Additional hospital accommodation for contagious disease is, therefore, a serious need.

APPROPRIATION FOR THE NEW CONTAGIOUS DISEASE HOSPITALS.

A study of the hospital care for contagious diseases in New York was made in 1911, by The New York Academy of Medicine Committee on Public Health, Hospitals, and Budget, and the need of additional contagious disease hospitals so revealed was presented to the Board of Estimate and Apportionment, following which an appropriation of $250,000 was immediately made for the construction of two contagious disease hospitals, one in the Borough of Bronx, and one in the Borough of Queens.

OPPOSITION OF REAL ESTATE OWNERS.

The City Department of Health has owned for the last ten years two sites, one in the Bronx, and one in Queens. These sites are well adapted for the location of contagious disease hospitals, both in the character and area of the site, and in their positions with reference to their respective Boroughs. As soon as the money for the construction of new hospitals was appropriated, the Department of Health asked the Corporate Stock Budget Committee to be allowed to utilize the sites for that purpose. Immediately a protest was made by the neighboring real estate owners on the ground that their property would lose in value because of popular prejudice against the neighborhood of contagious disease hospitals. A public

hearing on the matter was held in the City Hall in December, 1911, at which the protestants received some assurance that the sites under consideration would not be used for contagious disease hospitals, and a committee of the residents of the Bronx was appointed to find another suitable site in the Bronx. In spite of statements then made that another site could be found within a very short time, the committee did not report until after several weeks, and then recommended as a site for a Contagious Disease Hospital for the Bronx, North Brother Island, owned by the City, and controlled by the Department of Health since 1871.

North Brother Island.

The New York Academy of Medicine Committee on Public Health, Hospitals and the Budget, is opposed to the use of North Brother Island as a contagious Disease Hospital, for the following reasons:

I. Need of this Island for other purposes.

(1) A need of the City, now well recognized, partly met and of increasing urgency, is for a hospital for compulsory detention of certain cases of tuberculosis. An island furnishes much the most available site for such a hospital, and it has been for several years, and now is the policy of the City to use North Brother Island for this purpose. With this intention new tuberculosis pavilions have been built and others are in the process of construction. It seems probable that before many years practically the whole of the island will be needed for this class of cases.

(2) In the meantime a new hospital for venereal diseases, authorized last year, is to be placed there.

(3) The present buildings, the extensions planned for the immediate future, and the pavilions for smallpox and for certain unusual infectious diseases, which should be taken care of there, so take up the island area that it would be difficult to place effectively the number of pavilions necessary to accommodate the measles, scarlet fever and diphtheria cases from the Bronx.

II. Disadvantages of an Island for Contagious Diseases.

(1) The transfer to a hospital of cases of measles, scarlet fever and diphtheria, in their early febrile stages is attended with risks which should be minimized in every way possible.

(2) For the use of an island for such cases there should be supplied a completely equipped reception hospital on the mainland, ferryboats, each large enough to carry an ambulance, the necessary docks and piers, and a service of frequent trips during the entire twenty-four hours. This is necessary for the parents of the children as well as for the children. The expense of the installation of a proper system for an acute children's

service would be exceedingly large, and would involve the acquirement of water-front property on the mainland.

(3) The use of an island for chronic adult cases of infection such as syphilis and tuberculosis does not make the demand for rapid, well protected and frequent transportation involved in its use for acute cases of infection in children. The present transportation to North Brother Island may be called adequate for its chronic cases.

III. Need of a hospital near the future centre of population.

The population of the Bronx is increasing rapidly, and the occupied sections cannot extend in other than a northerly direction. The new subway extensions which are planned to supply future demands will materially help in their production. The population centre of the Borough is from year to year moving northeast. A hospital which will serve the future needs of the population best, should be located on the line of anticipated growth.

IV. Availability of Proposed Site.

The site now owned and recommended by the Health Department is opposite the Westchester station of the N. Y., N. H. & H. R. R. Co., and a few blocks away from the projected extension of the subway. It is apparently conveniently placed with reference to the needs of the Bronx, and should not be abandoned by the City unless an equally good substitute can be immediately found. It should be noted too that the purchase of any new site would undoubtedly be rendered difficult by the same objections of neighboring real estate owners, as are now raised against the desired utilization of this property of the City.

The New York Academy of Medicine Committee on Public Health, Hospitals and Budget, would emphasize at this time that a hospital for diphtheria, measles and scarlet fever, is not a danger to the neighborhood. The theory that these diseases can be transmitted through the air to persons in the vicinity is obsolete. The prejudice against contagious disease hospitals, properly equipped and administered, as sources of danger to the neighboring residents has ceased to exist in many foreign cities, and is without scientific basis. The existence of an unfounded prejudice should not be regarded as a reason against the provision of a necessity for a whole community.

* * * * * * * *

In view of the above considerations, we respectfully urge that the Board of Estimate and Apportionment take active and immediate steps to erect a contagious disease hospital in the borough of the Bronx, and that the site now owned by the City be used for this purpose unless another one that is equally desirable can be immediately secured.

CONSOLIDATION OF MUNICIPAL HOSPITALS.

The proposed charter changes during Mayor Gaynor's administration, in so far as they related to city hospitals, were studied with a great deal of care. The Committee actively opposed the contemplated substitution of a Department of Hospitals administered by a single paid commissioner for the efficient and unpaid Board of Trustees of Bellevue and Allied Hospitals. The Committee pointed out the need of the consolidation into one department of all the City Hospitals, including the Tuberculosis Sanitorium at Otisville, but excluding the hospitals of the Department of Health, because of the special police powers exercised by the Board of Health in cases of contagious disease. The Committee also recommended that the powers and duties of the Board of Ambulance Service and of the Board of Inebriety be transferred to the Department of Hospitals and that these two boards be abolished.

THE HOSPITAL SITUATION IN THE LOWER PART OF MANHATTAN.

In the fall of 1912 the Committee made a study of the need of additional hospital accommodations in the lower part of Manhattan. In this connection the House of Relief and the Volunteer Hospital were visited. The statistics of cases treated in these institutions were studied and information was obtained from the Board of Ambulance Service relative to the distribution of ambulance calls during the preceding two years. On the basis of this investigation a report was prepared showing that there was no need of an additional general hospital in the lower part of Manhattan. The Committee suggested the establishment of a few first aid stations to give relief in emergency cases which occurred in the congested parts of the district, pending the arrival of an ambulance.

A MUNICIPAL HOSPITAL FOR CHILDREN.

The urgent need for proper hospital provision for children has been well recognized in this City for some time past. In 1913 the Committee was called upon by the State Charities Aid Association to express an opinion as to the advisability of establishing a

large children's hospital on Blackwell's Island. The Committee considered the matter very carefully and expressed a unanimous opinion against such a plan for taking care of the sick children of the City. It was pointed out that separate children's services at the general hospitals are preferable, provided such services are constituted as distinct departments with a single head and continuous medical service.

CHILDREN'S PAVILION AT THE METROPOLITAN HOSPITAL.

At the request of Mr. John A. Kingsbury, Commissioner of the Department of Public Charities of the City of New York, in the latter part of 1914 the Committee made a study of his plan for transferring the mentally normal children from Randall's Island to a Special Pavilion recently constructed, in connection with the Metropolitan Hospital on Blackwell's Island. After having made a thorough study of the plan and having visited both Randall's and Blackwell's Islands, the Committee approved of the plan under the following conditions:

1. That the transfer of the mentally normal children from Randall's Island be considered a temporary measure; it should not imply that the policy of the Department of Charities will be to convert Randall's Island permanently into an institution for the mentally defective.

2. That this plan be not carried out until the money for the new tuberculosis pavilions at Sea View Hospital has been definitely released and their construction consequently assured.

3. That the number of beds available at the present time for tuberculosis patients at the Metropolitan Hospital be not diminished.

4. That a suitable detention and observation ward be provided for all children on admission.

5. That the plan include definite assurances that a competent and expert medical board of visiting physicians will be appointed to this new children's service, and also that proper and adequate care of the surgical cases will be assured.

6. That the medical board at present in charge of the men-

tally normal children be continued at Randall's Island, so that the methods of medical supervision for the mental defectives can be re-organized in such a way as to provide systematic general medical care for these children.

This Report was submitted to the Commissioner of Public Charities and all of the above conditions were observed. Referring to the first condition in a recent letter to the Committee, Mr. Henry C. Wright, First Deputy Commissioner, writes that "all of the normal children were taken away from Randall's Island, and whether or not it may be necessary or advisable to change this policy will be determined by further experiment."

III

PROTECTION OF THE HEALTH OF CHILDREN

HEALTH CONDITIONS IN PUBLIC SCHOOLS.

The matter of the health conditions in the public schools and the methods of medical inspection in the schools have been very carefully studied by the Committee. A report was prepared and published in the *New York Medical Record* of August 31, 1912. It dealt with such problems as the efficiency of the nurses' and physicians' work, the proper division of work among them, the exclusion of contagious disease cases, the frequency and thoroughness of medical examinations, the ratio of medical inspectors and nurses to school children, home visits and school and dispensary co-operation.

The report contained a number of constructive recommendations, some of which are given herewith:

1. That in addition to their regular work, the school inspectors should make a routine inspection of every class at the beginning of each term, in order that the control of tuberculosis and some contagious eye and skin diseases may be made more rigid.

2. That for every 2500 children there should be one nurse, and for every 7500 children one medical inspector; and that the budget of the Division of Child Hygiene be based upon the census of school population.

3. That physical examinations be made more thorough and more frequently; that the children, or at least the boys at first, be stripped to the waist at physical examinations; and that a child be examined when it enters school and then every two years.

4. That in the nurses' work special emphasis be laid on the

follow up work; and that the burden of clerical work be lightened.

5. That the salaries of nurses be graded. Instead of receiving a uniform wage of $900 a year, the initial wage should be $800, after a certain period of time increased to $900 and then again to $1000. The gradation will act as a stimulus to efficient work.

6. That medical inspection be instituted in the high schools.

7. That the City appropriate money for the enlargement of the force of the Division of Child Hygiene, so as to enable them to undertake the inspection of parochial and other free schools.

8. That the medical practitioners and the dispensaries be impressed with the importance of this work to the community and be urged to co-operate; and that provision for dental clinics be made, this being done if possible through the existing dispensaries.

9. That in the Department of Education the responsibility for the conditions affecting the health of the school child be concentrated. An improved organization should be worked out, which would bring under the jurisdiction of one committee the sanitary conditions in schools, the instruction of children in physical training and personal hygiene, the segregation and treatment of backward and mentally defective children, and co-operation with the Department of Health, which is an indispensable condition for successful medical work in the schools.

10. That a larger corps of physicians be employed by the Department of Education in order that facilities for the examination and study of backward children may be extended.

EYE DEFECTS IN SCHOOL CHILDREN.

At the request of the Department of Health the Committee has prepared a report on the relation of seating and lighting facilities in school rooms to the incidence of myopia among school children. The report showed that conditions in many of our public schools are unsatisfactory and conductive to the impairment of vision. The report was submitted to the Department of Health in September, 1914, with the recommendation that a careful study of this question be made by the Department of Health and the Department of Education.

REPORT OF THE SUB-COMMITTEE ON MYOPIA IN SCHOOL CHILDREN TO THE PUBLIC HEALTH COMMITTEE OF THE NEW YORK ACADEMY OF MEDICINE.

The standard works on Diseases of the Eye bear out the statement made concerning the casual relation between poor nutrition, unsatisfactory school environment, spinal curvature and visual defects.

S. D. Risley in Norris and Oliver's System of Diseases of the Eye, states "Observation has shown that a considerable percentage of those who enter upon the educational process in apparently good health soon manifest impaired general vigor, acquire distorted spines and develop nearsight."

The same author states the results of an analysis of more than 200,000 published examinations of the eyes of students, as follows: "Stated in general terms . . . it was shown . . . that myopia, extremely rare or entirely absent before the beginning of the educational process was found to advance steadily in percentage with the progress of the pupils in the school."

Erismann's figures for St. Petersburg show 13.6 per cent. of myopia in the 1st grade, and 42.8 per cent. in the 8th.

Risley in Philadelphia, found 4.27 per cent. of myopia at 8.5 years and 19.33 at 17.5.

Cohn in Germany showed 1.4 per cent. in 5 village schools as against 26.2 per cent. in 2 gymnasia, and 59.5 per cent. in the University.

Loring and Derby in New York found 7 per cent. in the primary schools and 27 per cent. in the normal schools.

In speaking of the causes of the development of myopia Risley says, "The myopic eye results only under the stress of those employments which require the protracted use of the eyes at near work."

The general concensus of opinion among all authorities seems to be that bad illumination, improper position in using the eyes, and all forms of eyestrain are factors of importance in the development of myopia.

The Committee has visited three public schools in Manhattan during school hours. A moderately dull day was selected in order to estimate the lighting under medium conditions. The three schools selected were No. 9 at 82nd Street and West End Avenue, No. 166 at 89th Street between Columbus and Amsterdam Avenues, and No. 54 at 104th Street and Amsterdam Avenue. These represented the old style, modern and intermediate types of building. The class rooms of grades two to five inclusive, were visited in all three schools and the upper grades in one.

Two styles of adjustable seat and desk were found in these schools varying only in slight and unessential details. The seats and desks are adjustable as to height only. The seat and the desk behind it form one piece of furniture although the height of each is adjustable separately. In some the top of the desk turns up so that the under side can be used as a rack for reading. The only way it is possible to adjust the distance between seat and desk is by moving the seat and the desk behind it, which if done

for each child would spoil the alignment. The seat and desk slide up and down, being held in position by a nut which requires a wrench to tighten and loosen.

Another type of adjustable seat is used in a few of the schools and here the seat and the desk are separate pieces of furniture so that the knee space can be adjusted for each child.

All seats and desks are fastened to the floor. The Bureau of Fire Prevention has forbidden the use of unfastened school furniture. The old style of unadjustable desks and seats is the same as has been used for many years and with which everyone is familiar. Some of the desks of this type are built so that the top may be used as a reading desk if desired.

The proportion of adjustable and non-adjustable furniture in the various schools differed. In Nos. 9 and 166 they were almost all adjustable. In No. 54 only five rooms out of thirty-four used for the four lower grades were provided with adjustable seats and desks. The lack of adaptation of the desk and seat to the child also varied in the two schools. Both were in charge of unusually intelligent, capable and interested principals. In School No. 9 where the principal said she had a most excellent and interested janitor who did everything he was asked, the conditions found were very bad. In one room in which forty-four girls were at work, fourteen were found to be sitting at desks at which there was so little knee space that they had to sit sideways with their knees in the aisle. As a good deal of attention is paid to requiring the children to sit straight in their seats, this forced the child to twist her body in order to appear to be sitting straight. Two seats were found where one end had slipped and was at least two inches lower than the other. At one of these desks was found a pale girl, over tall for her age, seated at a desk with at least six inches too little knee space with one end of the seat lower than the other, and in such a stage of chorea that she was unable to hold her body still a moment.

It is customary, as a matter of routine, to adjust the seats at the beginning of the year. The children are promoted in the middle of the year and change their grades. No adjustment of seats is made except occasionally when a teacher makes a special request. On questioning the teachers in several of these classrooms where the most striking examples of faulty position, etc. were found, they admitted readily that very few of the girls' desks and seats were suited to them, but that they were seated as well as the teachers could arrange it.

At school No. 166 on the other hand, which was not overcrowded, there was not nearly the same amount of bad seating noticed, especially as far as it related to knee room.

In all the schools seen, there was a very great deal of bad position due to improper height of seat and desk. It was impossible for a large proportion of the children—probably a majority—to read and write at their desks without a certain amount of eye-strain.

To add to these unfavorable conditions, the seating is very badly arranged in many class rooms in relation to light. In many cases the children

were seen doing their sums or writing with the page in the shadow owing to the light coming from the right. The blackboards were very trying from certain parts of the room, owing to the glare from the side light and to make matters worse, certain of the teachers were using red and green chalks for writing figures on the board.

In several of the class rooms the attempt was made to put the children with known defects of vision in the front row, but as the front desks were always the smallest and the defects were often in the largest children, the result was not satisfactory.

In one of the schools the only light was gas, which on a dark day, gave, according to the testimony of the teachers a very poor illumination.

From their own investigation, therefore, this Committee finds that the present method of seating children, the desks and seats provided for them, and the illumination of their classrooms all are tending to produce spinal curvature and eyestrain in a very large number of school children.

So long as desks and seats are made as difficult to adjust as possible, so long as the adjusting depends upon the good-will of a janitor, so long as the adjustment can only be made for height without regard to the distance of seat from desk, the children will be subjected to conditions sure to result in spinal curvature and occular defects.

The matter is of sufficient importance to demand a careful and thoughtful study.

GONORRHEAL VAGINITIS IN CHILDREN.

The wide prevalence of the disease has lead the Committee to emphasize the need of certain protective measures and the following recommendations were made which were submitted to the Department of Health and published in the medical press.

1. That systematic examinations of all female inmates of institutions or homes for children be made on admission and repeated from time to time, in order to determine the prevalence of the disease, the method of introduction and spread, and the possibility of spontaneous recovery where no treatment is given.

2. That those in charge of Day Nurseries should be informed of the great danger of infection and taught what precautions are necessary.

3. That systematic examination of babies in Day Nurseries be undertaken by the Health Department to determine the frequency of infection and the measures necessary to diminish it.

4. That the only way of protecting the city hospitals from the blame of having been the source of infection is to make the examination of smears compulsory in the case of every female child admitted.

5. That patients discharged from hospitals, who are found to be infected, be followed to their homes and an effort made to secure proper treatment for them.

6. That it is inadvisable at the present time to attempt to determine the prevalence of the disease in the schools.

WHOOPING COUGH.

The Committee made an inquiry aimed at ascertaining the facilities for isolating children suffering from Whooping Cough and finding that there were absolutely none, called this fact to the attention of the Department of Health. The Committee also addressed all the railroad and ferry companies having terminals in this City asking that discarded ferryboats be loaned to the Department of Health for the purpose of segregating children with whooping cough and accommodating them during the day. Subsequently, the Department secured the use of such a boat from St. John's Guild.

EMPLOYMENT CERTIFICATES.

The Committee investigated in 1912 the methods of examination of children applying for employment certificates. Several conferences were held on the subject and various suggestions for stricter physical examinations were made.

STANDARDS FOR PHYSICAL EXAMINATION OF CHILDREN BETWEEN THE AGES OF 14 AND 16 YEARS WORKING IN FACTORIES.

In response to a request from the New York Child Labor Committee and the Advisory Council of the State Department of Labor, the Committee prepared a report on the standards of physical examination of children between the ages of fourteen and six-

teen years, working in factories. A recent amendment to the Labor Law empowers the Labor Commission to cancel the working papers of children found working in factories, who are sickly and whose health is likely to be impaired seriously as a result of the work in factories. The report on the standards of physical examination to be adopted for such children was submitted by the Committee to the New York Child Labor Committee and to the Advisory Council of the Department of Labor in January, 1914. The report is as follows:

Report on Standards of Physical Examination of Children Between Ages of 14 and 16 Working in Factories.

The Department of Labor was authorized by the Legislature, in 1913, to make a physical examination of all children between the ages of 14 and 16 who were employed in factories in the State. Failure on the part of the child to submit to this examination may result in the revocation of his or her working papers by the Commissioner of Labor. If the results of this examination convince the medical inspector that the child is unfit for work in a factory, he must submit a detailed report to the Commissioner of Labor, stating his reasons for this opinion, and the Commissioner may cancel the working papers of the child. In either case such child is forbidden to work in any factory in the State until a subsequent physical examination convinces the Inspector that he is fit to do so, when the working papers may again be issued to the child.

A complete record of each examination is to be forwarded to the Department of Labor and kept on file there.

According to the Census figures, in 1910 there were 8264 persons between the ages of 14 and 16 employed in factories in the State of New York, of whom 3955, or 47.8 per cent., were males. The Industrial Directory issued by the State Department of Labor gives the total for 1912 as 13,519, of whom 5173, or 38 per cent., were males.

It is understood that the Department is planning to detail two Inspectors for this work. If all these children were examined it would mean 27 examinations a day, on the basis of the Census figures, or 45 a day on the Industrial Directory figures. If only boys were examined, it would mean 13 or 17 a day. It is not known whether the Department intends to have a woman inspector or only men.

As any examination which is of any value must involve the removal of part of the clothing, it would seem that it would be better to confine the examination during the first year to the boys. If the results of these examinations warranted it, they could be made the basis for demanding that the girls be given the same privilege. In such case a woman inspector should

make the examination, or a woman be present at, and prepare the girl for the examination.

The examination should be made in a quiet room, with a good light. The child should be stripped to the waist. Girls should be covered with a cape during examination.

Examination should include:

Height.
Weight.
General condition of nutrition.
Evidences of deformity of the limbs, spine, either anatomical or postural.
Evidences of marked nervousness, or Chorea.
Skin, pallor, cyanosis, jaundice, eruptions, and skin disease.
Eyes and eyesight.
Condition of the eyelids.
Condition of the Mouth, Teeth, and Tonsils.
Ears and Hearing.
External signs of obstructed breathing, probably due to adenoids.
Examination of the Heart, both by percussion and Auscultation.
Examination of the Lungs, percussion, Auscultation, and determination of chest expansion.
Examination for Herniae.

Cancellation of working papers should be recommended under any of the following conditions:

Weight—If child is 2 years below the average for his supposed age, or when weight is markedly below normal for height.

Condition of Nutrition—Evidence of marked malnutrition.

Deformity—If due to his employment, and likely to be made worse by it. This alone is difficult to estimate as a cause for cancellation, as certain employments might not in any way affect the child adversely. The Department of Labor is not given any authority to regulate the character of employment of the child.

Nervousness—or Chorea—If marked nervousness, or if evidence of Chorea.

Cervical Glands—If Tuberculous.

Eyes—Serious defects of vision until corrected.

Eyelids—If Trachoma.

Mouth and Skin—If evidence of Syphilis.

Obstructed Breathing—If marked, should exclude until remedied.

Heart—Any signs of organic Heart Disease, on account of this being the time when a lame heart is most likely to break down. The character of the lesion, and the nature of the employment would have an influence in the decision.

Lungs—Any evidence of Tuberculosis.

Hernia—Unless controlled by a truss, and in every case of irreducible Hernia.

OPEN AIR CLASSES IN SCHOOLS.

In response to a request from the Board of Education as to the relative values of open air and open window class rooms, in November, 1914 the Committee made a study in which the merits of the two types of classes were carefully examined. A comparison of the results obtained in these types of classes in the public schools shows very little, if any, difference in favor of the open air classes.

In view of this and inasmuch as the money available for efficient air classes is limited and the expense of construction of open air classes is relatively large, the Committee recommended that the Board of Education provide a large number of open window rooms with pivoted windows and suitable awnings instead of the more expensive open air rooms.

In this connection the Committee also recommended that the Board of Education encourage the practice among teachers of opening the windows in all regular schoolrooms. The attached report sets forth in greater detail the basis for the Committee's conclusions.

Definition—

1. Open air classes: by this term is meant classes of children taught in specially constructed rooms or houses which are practically open air pavilions.

2. Open window classes: by this term is meant classes taught in regular rooms of school buildings, but where the windows have been altered to open on pivots, thus securing the full benefit of the window openings, and where these windows are kept open all the time.

Types of Children—

It is understood that, for the most part, classrooms of both the above types are designed for children who are anaemic or otherwise below par in physical condition.

Desired Condition in These Classes—

One of the main features of these classes is a relatively low temperature, probably best ranging from 40 degrees to 50 degrees F. There is no evidence to show that any increased advantage is obtained by temperatures below 40 degrees F. Also, it is desired to maintain a relative humidity more nearly normal than is usual in steam heated rooms, and in addition, adequate but not excessive air movement. A maximum amount of sunlight in the winter months is desirable, and protection from the sun, preferably

by awnings, in the spring and autumn. Freedom from dust and noise is important, and for that reason the rooms should be at least three floors from the ground. In winter more protection from wind is needed, while in the spring and autumn the maximum of air movement that can be obtained is usually desired.

In addition to these physical conditions it is understood that there should be a special regime in these classes providing especially for more relaxation from the strain of regular classes, and increased periods for rest. In addition to this, adequate clothing for the comfort of the children is understood to be necessary.

Objection to Open Air Classes—

1. That there is needless and possible harmful exposure to cold in winter, and the storms in all seasons.
2. That there is too great exposure to sun and heat in the spring and autumn.
3. That the cost of construction and equipment is considerable. The cost of construction of one of these rooms frequently amounts to several thousand dollars. The cost of necessary equipment and clothing for children, on the basis of that found necessary in the best private open air rooms and in the Chicago public schools, is $20 per child, as opposed to about $5 per child in open window rooms.

Objection to Open Window Rooms—

1. Too little air movement in spring and autumn.
2. Too great exposure to the sun in the spring and autumn, because of the southern exposure of such rooms. This objection, however, could adequately be met by awnings.
3. Unequal distribution of air movements in the room, particularly in the winter, exposing the children near the windows to too great drafts and colds.

All these objections appear to be of minor importance.

Comparative Results in the Physical Condition of Chidren—

Any opinion upon the relative advantages and disadvantages of these two types of rooms must ultimately rest upon a careful review of the actual results obtained with the children.

Probably the best results have been obtained in open air classes situated in the country or small towns, where suitable but inexpensive types of construction are possible, and where facilities for exercise and play in the open immediately adjoin the school room. The forest schools of Germany are ideal examples of this class of school.

Reports based on a careful study of the results obtained in the improved physical condition and increased mental efficiency of the children

in large cities shows a slight balance in favor of the open air classes. These reports, however, do not indicate sufficient difference to demonstrate any marked superiority of open air classes over the open window classes.

Conclusion—

In the public schools of large cities the provision of open air classes presents considerable difficulties and objections, especially in a climate with such variations of temperature as obtain in New York City. A comparison of the results obtained in these two types of classes in the public schools shows very little, if any, difference in favor of the open air classes.

Consequently, inasmuch as the money available for fresh air classes is limited and the expense of construction of open air classes very considerable, we recommend that the Board of Education provide a larger number of open window rooms with pivoted windows and suitable awnings, rather than the so-called open air rooms.

We would also recommend that the Board of Education encourage the practice among teachers of opening the windows in all regular school rooms.

MENTAL FATIGUE IN SCHOOL CHILDREN.

In view of the differences of opinion among educators as to the question of half time schooling of young children, the Bureau of Municipal Research submitted the matter to this Committee for an opinion. Careful consideration of the problem led the Committee to express an opinion that an ordinary full school day is not detrimental to the brain power and health of the children provided the physical conditions of the school rooms are satisfactory and arrangement of the school tasks is wisely planned.

The following is the brief report of the Committee on the subject.

A careful study has been made of the special questions: First, whether the mental activity involved in the five hours daily of modern school life causes mental fatigue and if so whether such fatigue is serious, passing beyond safe physiological limits. Second, whether such mental fatigue if found is due to excessive mental work, or to other causes in part or whole.

The Committee has reached the conclusion that there is no serious degree of mental fatigue produced by school work in the usual five hour limit, and that it is unnecessary to shorten school hours on account of this school work. A certain degree of mental fatigue is found towards the end of the morning and of the day's tasks, but it is small in amount and unim-

portant. This fatigue such as it is, is enhanced and mainly caused by poor ventilation and ill-arranged tasks. More than normal fatigue may also occur in children who are poorly nourished, not entirely well, or are under unfavorable home conditions.

It is believed, therefore, that if all these factors be attended to no shortening of school hours need be attempted.

It is also believed that some summer work can be carried on without danger and even to the great advantage of the child.

These views are based upon the personal experiences of some of the members of the Committee, but more especially upon the results of conferences with physiologists, physicians and teachers who have made a special study of this subject.

We refer especially to the works of Professor Frederic S. Lee on Fatigue, and on Ventilation; to those of Prof. Edward Thorndike on Mental Fatigue, *Psychological Review,* November 1900; and to recent personal communications from him. We have also consulted the work of Whipple on Mental Tests; the article of Dr. R. G. Freeman on Fatigue in School Children, *American Journal of Medical Sciences,* November 1908; the study of Mental Fatigue by Prof. W. H. Heck of Lynchburg, Va., 1913, and a Second Study by Prof. Heck, the *Psychological Clinic,* April 15, 1913.

The Committee has also conferred with Prof. George V. N. Dearborn of Tufts Medical College and a number of other physicians and teachers.

It is not denied that children do get tired at the end of school hours, that in the spring and towards the end of a school term, chorea is seen more frequently and that evidence of overwork and fatigue is observed.

The position taken is that these conditions are not necessary to a five hour school day, but are due to unwise methods of teaching, poorly arranged schedules, bad air, and various causes other than legitimate school work.

It is again strongly urged that shorter vacations or an almost continuous yearly school work, if the work is wisely planned, would be advantageous to many children as has been already demonstrated in certain public schools of this country.

The above observations apply to the ordinary school work done between the ages of six and fourteen.

CARE OF CARDIAC CASES.

(a) The problem of proper medical and educational care of children suffering from chronic valvular disease of the heart has been discussed by the Committee and a preliminary study made which showed that inadequate provision exists for their care in the hospitals of this City and similarly, inadequate attention is being paid to children suffering from heart disease who attend the

public schools. The report was submitted to the recently organized society for the care and provision of heart disease in children.

(b) The matter of a study of occupations best suited to the cardiac patients was suggested by the Committee to the School of Philanthropy. Such a study was made on the basis of records of discharged patients from Bellevue Hospital.

OVERCROWDING IN INSTITUTIONS FOR INFANTS.

The attention of the Committee has been called to the existing overcrowding in institutions for the care of infants. It was stated that one of the reasons for this condition is the inadequacy of the present law regulating the cubic space allottment per child. The law is not based on any scientific premises.

The matter was referred for study to the Section on Pediatrics of the New York Academy of Medicine and is being considered by a special committee of the Section.

GARY SYSTEM.

The Committee has taken an interest in the health possibilities which the so-called Gary System of school instruction affords, and held two conferences with Mr. William Wirt, originator of the plan. As there have been no studies made of the effect of the system upon the health of the school children, the Committee suggested to the Department of Health the desirability of making a study of the hygienic aspects of the system and offered its co-operation in such a study.

IV

VITAL STATISTICS

VITAL STATISTICS IN THE CITY OF NEW YORK.

The Committee made a study of the reports of the Department of Health, particularly the reports on vital statistics. The study revealed the fact that there was a large field for improvement in the scope of the reports and the methods of procedure. The study was published in the *Medical Record* of November 23, 1912, and the following were the chief recommendations:

1. That the Department of Health re-organize and enlarge the Bureau of Records in accordance with the recommendations of the Advisory Committee of Statisticians made in 1911, and subdivide the Bureau into three divisions: of Records, properly, of Research and of Publicity.

2. That the Board of Estimate and Apportionment appropriate the money necessary for the enlargement of the Bureau of Records in the interests of efficient administration and the public health movement and that the salaries fixed for the responsible officers of the Bureau be such as to enable the Department to secure well trained men for the positions.

3. That the work of the re-organized Bureau be undertaken on a comprehensive scale and in accordance with modern scientific methods.

4. That all the statistical work of the Department be done under the direction of the Bureau of Records to secure accuracy and uniformity of method, and that the records be promptly available.

5. That the reports of the Bureau of Records be published independently of the annual report of the Department of Health and be ready for distribution early every year.

6. That the city undertake a local population census every ten years, beginning in 1915, and that the 40 acre tract unit of the last federal census be made the basis for tabulation.

7. That the medical colleges instruct their students in the methods and principles of medical and vital statistics.

8. That the medical press give more analysis to public health reports

and vital statistics and impress the profession with the importance of exact vital statistics, urging them to co-operate with the Bureau of Records in making prompt, careful reports.

9. That the Department of Health make greater efforts to issue promptly its annual, monthly and weekly reports.

10. That the weekly report be changed from a purely statistical sheet to an educational pamphlet intended primarily for the general public, and that arrangements be made with the newspapers of the city for periodic reproduction of the essential parts of the report.

11. That more and better means of contact between the Department of Health and the public be established in the interest of efficient administration and of the public health movement, and that the public regularly receive information regarding the Department's most vital functions—food and milk inspection, prevention of disease and care of babies and school children.

MORBIDITY STATISTICS.

The need of morbidity statistics outside of contagious diseases has been recognized by the Committee and the plan of Dr. Charles F. Bolduan of the New York City Department of Health, published as a special bulletin of the Department has been carefully studied by the Committee and endorsed. Some method of hospital registration of morbidity seems to be necessary and highly desirable, as studies made in various places by Dr. Frederick L. Hoffmann and others have demonstrated.

NEW YORK STATE CENSUS, 1915.

In response to a request from a conference called to consider the matter of the State Census to be taken in the year 1915, the Committee took up the matter carefully and recommended that the Legislature appropriate sufficient funds to enable the State authorities to undertake a census, which would add materially to our knowledge of social, economic and public health conditions of the State, and that the work of taking the Census be entrusted to the police departments in large cities and be carried out throughout the State with the co-operation of the State Department of Labor and the State Department of Health which is charged with the duty of collecting and publishing the vital statistics of the State.

REPORT ON THE NEW YORK STATE CENSUS. 1915

I. Historical:

The constitution of the State of New York, as adopted November 3, 1846, provides that a census be taken every ten years, for the purpose of ascertaining the increase and distribution of the population, to serve as a basis for assembly and senate districts. Usually, in addition to the essential facts called for in a census—namely, the number of inhabitants by counties and their subdivisions, by sex and citizenship, censuses contain additional information of social value. Thus, the New York State censuses for 1855, 1865 and 1875 contained additional information as to sex, marriages, deaths, dwellings, agriculture, manufactures, public debt, churches, school houses, the blind, deaf and dumb, occupations, and other information. In 1885 no census was taken. It was ordered, however, in 1892. The next census was taken in 1905 and it was a mere enumeration of the population by counties, cities, towns and election districts of citizens and aliens and also an enumeration of Indians, and a count of inmates in institutions.

II. Facts to be Ascertained by the Census:

A State census is important for many other than political reasons. When taken five years after the Federal Census it gives an accurate count of the population at a time when estimates become unreliable. In a dynamic community with considerable internal and foreign migrations, neither the arithmetical nor the geometrical method of estimating the population for a period of ten years, is satisfactory. The death rates, morbidity rates and marriage rates, based on untrustworthy estimates of population, are not only valueless but misleading.

To enhance the value of a State census such facts as have a bearing on the social and economic status of the population, and may be helpful in determining social politics, should be ascertained.

The fundamental questions in such a census should, in addition to county distribution and citizenship of the population, deal with such factors as:

1. Sex.
2. Color.
3. Age.
4. Nativity.
5. Marital condition.
6. Occupation.
7. Fecundity of marriage with reference to the nativity of both parents.
8. Sickness in the family during the year previous to the taking of the census.
9. Unemployment during the year preceding the census, due
   (a) to sickness.
   (b) to other condition.
10. The census should also ascertain the number of persons living in institutions throughout the State.

III. By Whom Should the Census be Taken:

The State Law provides that the census should be taken under the direction of the Secretary of State. The experience of the Federal and State authorities demonstrates the inadvisability and costliness of employing casual census enumerators. Many of the enumerators have proven to be incapable and dishonest in carrying out their duties. Moreover, the control of their work is very difficult and costly. It would be much more satisfactory if the police forces of the large cities of the State could undertake the task of census taking in their respective cities. In the smaller towns or in rural sections, the task should be entrusted to letter-carriers if the consent of the Federal Government could be obtained. The work should be carried out under the direction of a Board appointed by the Secretary of State and should include representatives of the State Department of Health and the State Department of Labor. The co-operation of the State Department of Health is especially desirable as this Department is charged with the duty of keeping the Vital Statistics of the State. Moreover, the direct contact with the people all over the State, which the taking of the Census would afford, would give the Department of Health direct knowledge of conditions responsible for the public health in the State.

IV. Recommendations:

In view of the facts presented, it would be helpful and advantageous if the Academy of Medicine would urge upon the State Legislature that sufficient funds be appropriated to enable the State authorities to undertake a census which should add to our knowledge of the social, economic and public health conditions of the State. (2) That the Census contain questions bearing on the age, sex, color and nativity distribution of the population, as well as on the marital state, fecundity, morbidity and extent of non-employment within the State. (3) That the work of taking the Census be entrusted to the police departments in large cities, and be carried out with the co-operation of the State Department of Health and the State Department of Labor.

V

IMPROVEMENT OF LIVING AND WORKING CONDITIONS

OCCUPATIONAL DISEASES.

Recognizing the importance of prevention of the so-called Occupational Diseases, the Committee has co-operated with the Special Committee of the American Association of Labor Legislation in drafting Legislation aimed at the registration and prevention of Industrial Diseases. To stimulate the general interest in the matter among the profession and the public at large the Committee arranged a meeting at the Academy of Medicine, which was held on January 4, 1912, and which was devoted to the consideration of the problem.

At that meeting Dr. W. Gilman Thompson spoke on the importance and prevalence of Occupational Diseases; Dr. Leonard W. Hatch, Statistician of the New York State Department of Labor read a paper on the "State Control of Occupational Diseases;" Dr. George T. Elliot discussed "Occupational Skin Diseases;" Dr. M. Allen Starr, "Occupational Neuroses."

The Committee endorsed the establishment of the Division of Industrial Hygiene in the Bureau of Preventable Diseases of the Department of Health and followed with interest the development of the work of the Division. It has also kept in touch with the useful activities along similar lines that have been carried on by the American Museum of Safety and their plans of extension.

CHRONIC CARDIO-VASCULAR DISEASES.

The apparent increase in the rate of mortality of persons in the age group from 45 to 55 has been investigated by the Committee and a recommendation made to the Commissioner of Health to the effect that an active campaign on the part of the Department of Health be undertaken toward the instruction of the public in matters of personal hygiene by means of tracts, pamphlets, lectures and the like, as it was the belief of the Committee that such a campaign would have a definite influence in securing a diminution in morbidity and mortality from cardio-renal and the vascular diseases at the age periods of greatest economic efficiency.

PERIODIC PHYSICAL EXAMINATION OF CITY EMPLOYEES.

The attention of the Committee to this matter was first called by the statement that a great deal of tuberculosis is prevalent among school teachers, and led the Committee to make inquiries of the Board of Education as to whether or not provision is being made for the periodic physical examination of school teachers. It was the Committee's belief that such examinations are particularly indicated in the case of teachers who come into contact with children at the ages in which they are most susceptible to the contracting of disease. The inquiry revealed the fact that no provision has been made for such systematic examinations. The Committee urged that examinations of a standard form be introduced in the schools and has recommended to the Committee on the Prevention of Tuberculosis of the Charity Organization Society that the matter receive careful attention on their part and that some form of co-operation with the Department of Education be established.

The Committee believes that the principle of periodic physical examination should be extended to all City employees, and the suggestion made to the Health Department that this be first introduced in the Department charged with the control of the City's health has been favorably acted upon and such examinations are now being regularly made. Since that time two other City Departments have followed suit.

In co-operation with the Health Department and other medical agencies on which this Committee was represented, a uniform examination card was devised. The card and the introductory notes in connection with it are given herewith.

Explanatory Notes to Accompany Medical Examination Card

The Doctor is asked to read the explanatory notes which go with the Medical Examination Card in order that some uniformity of answers may prevail.

The sub-headings listed below suggest the *minimum* amount of information that should be given regarding each individual examined. Anything of significance not included in the sub-headings, should, of course, be stated.

These notes have been contracted as much as possible so that a Doctor may be able to perform an examination in from 20 to 30 minutes.

Use the plus sign (+) up to four plusses to indicate much or little, as: "Tonsils hypertrophied + +."

Where there is nothing of importance to be recorded use the word "negative."

MEDICAL EXAMINATION CARD. FINAL DRAFT. MARCH 22, 1916.

Name or No..... .....Age.....Sex.....Race.....M. S. W.....Children.....
Address.....Industry.....Occupation.....Hrs. per week.....
Family History.....

Dates | 1 | 2 | 3 | 4 |

Past History

Year of Diseases: Typhoid Fever..... Rheum. Fever..... Pneumonia..... Pleurisy..... Scarlet Fever..... Diphtheria..... Nervousness..... Venereal..... Other:.....
Accidents.....Operations.....Obstetrical History.....
Vaccinations: Typhoid..... Sm. Pox..... Remarks:.....

Present History

Habits: Alc.....Tob.....Tea.....Cof.....Sleep: Hrs..... .....Character.....Exercise.....
Appetite.....Digestion.....Constipation.....Headaches..... .. Menses.....
Other Symptoms:.....

Medical History

General Appearance.....Voice.....Pulse: rate.....quality.....rhythm.....
Arteries.....Hearing: R.....L.....Pupillary Reactions..... Patellar Reflexes.....
Teeth.....Tonsils..... .....Adenoids.....Nasal Passages.....Thyroid Gland.....
Tremor.....Weight: usual..... .....present.....Height.....ft.....in. Vision: R.....L.....
Blood Pressure: Sys..... Diast..... Abdomen.....
Heart:.....
Lungs:.....
.....
Lymph Nodes..... Varicose Veins..... .....Skin: Cold, warm; dry, moist; eruption.....
Deformities..... .....Flat foot: R.....L.....

Laboratory

Urinalysis: Sp. Gr.....Alb.....Sugar.....Microsc.....Hour Passed.....
Blood Exam.....

Major Impairments:..... ..... Previously known.....
Minor Impairments:.....Previously known.....
Remarks:.....
.....
.....
.....

(See explanatory notes for use of this card.) Examined by.....M.D.

HOUSING PROBLEMS.

The matter of housing conditions of the congested sections of the City received a great deal of attention on the part of the Committee. Numerous conferences were held on the subject and the advantages and disadvantages of the so-called "Open Stair Tenements" built by the Tenement Economies Society were carefully investigated and various legislative proposals discussed.

The proposal of the Tenement Economies Society to create a Board of Appeals from the decisions of the Tenement House Department was deemed inadvisable and contrary to the proposal of fixing responsibility in the administrative branches of the Government. The Committee was not certain whether the other proposal of the Tenement Economies Society, aiming at the reduction of the legal minimum width of tenement house rooms from 7 to 6 feet was a rational measure.

The whole problem of housing is so interrelated with various economic and social problems that the purely public health aspect of it cannot be separated from the other considerations. For that reason the Committee did not feel justified in endorsing the Marsh Bills, which were introduced at the last session of the Legislature, and which aimed at the abolition of certain types of cellar dwellings.

The Committee, protested however, against the recent attempt to amend by ordinance of the Board of Aldermen the recently enacted Building Code of the City so as to permit the reduction of the required four feet width of side yards to three feet.

STREET CLEANING.

The neglect of the streets and pavements of the City on account of imperfect and antiquated methods of cleaning and building, and also because of the numerous building and excavating operations led the Committee to present a statement of the conditions observed to the City Department on Street Cleaning, with the request that steps be taken to improve the existing conditions in the interests of health, welfare, and decency. The report of the Committee led to a series of conferences on the subject with the repre-

sentatives of the City Government, such as the Street Cleaning Department, the Police Department, the Health Department, the Department of Water Supply, and the presidents of the various boroughs of the City who have jurisdiction over the paving of the streets.

At these conferences the various matters entering into the situation were thoroughly discussed and a policy of procedure agreed upon. The Committee strongly urged the appropriation of money for the model districts in order to test out the efficiency of the various mechanical street cleaning contrivances in the market.

The Committee also urged the covering of garbage and ash carts during the collection of refuse and during the process of carting it through the streets of the City.

It was also urged that the Police Department co-operate in enforcing City ordinances concerning the covering of ash and garbage cans and the cleaning of sidewalks.

The Health Department was urged not to issue permits to private ash-cart men who would employ in their work uncovered carts. The Committee feels that its efforts in this direction have been partially successful as the conditions of the streets have somewhat improved. No important improvements, however, can be made until the public takes more interest in the appearance of the streets and refrains from littering them with paper, fruit peels, and other kinds of refuse.

The Committee has endorsed the organization of the Anti-Litter League whose aim it is to educate the people in taking pride in the clean appearance of the City streets.

The Committee has published in the *New York Medical Record* of December 18, 1915, a report on the pathogenicity of street dust, which is a summary of the existing literature on the subject. A concensus of scientific opinion on the matter based on tests shows that the City dust contains very large quantities of pathogenic bacteria which may be responsible for a large amount of illness of the respiratory tract.

Report on Street Cleaning by the Public Health, Hospital and Budget Committee.

The Committee find that the streets of Greater New York, with few exceptions, are, and have been much neglected. This is due not only to imperfect and antiquated methods of cleaning streets, but to the imperfect state of the pavements, to the numerous building and excavating operations, and to the general indifference of the public who seem to regard the street as the proper place for the dumping of litter and refuse. If the conditions are to be improved, the Committee feels that it is necessary to secure the active co-operation of the Street Cleaning Department, of the Police Department for the enforcement of ordinances, of the Department of Health, of the Department of Water Supply, Gas and Electricity, which controls the issuing of permits for the opening of streets and of the Presidents of the various Boroughs who have jurisdiction over the paving of the streets, and also to arouse public sentiment to a conviction that clean streets are essential to health and welfare.

Street Cleaning Methods

We protest against the present antiquated, expensive and unsatisfactory methods of street cleaning as practised in this City. Dirt and refuse are often collected only to be scattered again. Dustless sweeping should be enforced. We urge liberal flushing with water and a more general use of machine sweepers. The Board of Estimate and Apportionment should be induced to provide proper facilities and sufficient equipment including horse-drawn or motor sweepers and squeegees, such as are in use in London, Berlin, Paris, Washington, St. Louis and many other cities.

We maintain that the streets should be sprinkled before sweeping, if the thermometer register 38 degrees F. or above, the temperature approved by the experience of other cities, and also that the sweeping be done vigorously.

We urge the amendment of Section 39 of the Sanitary Code of the Department of Health so as to permit of flushing the streets before sweeping. If necessary, sewers should be screened to avoid blocking.

Instruction of Sweepers

Manual sweeping is essential, but as done at present is extremely unsatisfactory. The street-cleaning force should be improved and increased, and definite sweeping methods established and taught.

The Collection of Sweepings

We protest against leaving the gathered sweepings in heaps in the streets, and against the prevailing neglect in gathering up gross refuse matter, and we urge that covered receptacles be supplied for sweepings and that these be kept covered while awaiting the arrival of carts.

Covered Ash and Garbage Cans

The open ash and the carelessly covered garbage cans and barrels are a disgrace to the city and a menace to public health. In the warm months open garbage cans attract and support the housefly in great numbers and facilitate the dissemination of disease. The Police and Health Departments should enforce existing ordinances regarding the use of covered garbage cans.

Covered Carts

The uncovered cart for the removal of ashes, garbage and rubbish is a public nuisance. We urge that this matter, which has been referred to in reports of the Street-Cleaning Department and considered by the present Commissioner, be settled by the adoption of a suitable and practical covered cart.

The private ash-cart men are the worst offenders and yet they carry prominently on the sides of the wagon a permit from the Board of Health. We suggest that the Board of Health refuse a permit unless the cart be covered, and the private cart-men contract to collect and remove ashes and garbage, only during the night or early morning hours.

We recommend the compulsory use of some standard ash can and the introduction of well-known modern methods for the final disposal of ashes and garbage. The City should erect a sufficient number of modern incinerators.

Snow Removal

The slow removal of snow has been in the past extremely unsatisfactory and insanitary. We urge that the Street-Cleaning Department make such provision that with every fall of snow its removal may be begun immediately.

Street Encumbrances

We protest against the unlawful blocking of streets by building material and the frequent and uncontrolled destruction and obstruction of the highways by the public service corporations.

Co-operation of City Departments

We urge that the other city departments co-operate with the Street Cleaning Department in a general movement for out-door cleanliness. Filth, dust, and dirt on the streets, especially near the markets and in the crowded quarters of the City where food-stuffs are long exposed on the streets, call for the intervention of the Health Department.

The Presidents of the several Boroughs should be urged to co-operate by continuing and increasing their efforts to provide better pavements and prompt repair of any defects.

Control of Streets

We urge a concentration of authority over the highways under one head. This change should be incorporated in a revision of the Charter—Sanitary cleanliness and efficiency involve the single control of pavements, streets excavations and encumbrances, the cleaning of streets as well as the gathering and disposal of refuse.

TEACHER MOTHERS.

At the request of the Department of Education the Committee prepared a report on the Teacher-Mother problem in relation to health, of which the following is a summary:

1. No woman should be permitted to teach after the sixth month of her pregnancy.

2. The ability of a woman to teach during this time is an individual question, each case to be determined by its own merits.
3. The average time of the return to school after confinement is not to be less than three months.
4. While a healthy child may interfere very little with a teacher's work, the care of a delicate child at home may totally unfit her for her duties at school.

The attached report was submitted to the Board of Education and also to the Commissioner of Education of the State of New York for information and guidance.

The question of teacher-mothers is an important one and the decision of New York is certain to be influential throughout the whole country in forming opinion on this matter. The subject should therefore be considered on the broad plan of the welfare of the entire community.

The inquiries made by the Board of Education are not simple but involve a consideration of a complex question which must be taken up from at least three points of view which are quite distinct from one another, viz: 1. that of the school pupils; 2. the teacher-mother; 3. her child.

The Pupils—On the ground of appearance alone, quite apart from every other consideration, it is undesirable to retain a woman in her capacity as teacher after she has passed the sixth month of her pregnancy.

Another and more important question relates to the efficiency of a woman as a teacher during the debated period. While pregnancy is a physiological process, most women of the class from which teachers are drawn, even under the most favorable condition, exhibit some impairment of nervous and physical efficiency which would influence their work as teachers.

The Mother—If a married woman be retained as a teacher we believe that no Board has the right to bar her from maternity. A consequence of such a policy is to encourage criminal abortion. The ability of a woman to perform during pregnancy her duties as a teacher is an individual question. No absolute rule can be laid down. It is the view of the committee that many women are incapable of giving satisfactory instruction during this period; others may be able to do their work in a satisfactory manner for the first six months.

After confinement the usual time of return to her full school duties should be placed at three months. Under exceptional conditions, however, as when the woman is the only wage earner in the family, this time might be shortened to six weeks, but should never be less, for the sake both of the mother herself and her work,

The Child—The infant also has rights in this discussion which cannot

be ignored. We do not believe that the regular routine work of the teacher-mother during pregnancy has any prejudicial effect upon the child.

The health of the child after it is born has much to do with the capacity of the mother to do her work properly. The time after confinement when she resumes her work has an important bearing upon the child's welfare. This has been placed at three months with the conviction that every mother who can should nurse her baby for this period. If this is done, part nursing can usually be continued for a considerably longer period, bottle feedings being substituted while the mother is in school. Such a plan is entirely feasible and if well carried out will go far to secure to the mother a strong, healthy infant. On the other hand, the absence of all maternal nursing, or the early resort to bottle feeding, greatly increases the chances of a child's being delicate or sickly. The care of such an infant, the inevitable loss of sleep which it entails, will of itself, go far to render the mother unfit for the proper performance of her school duties.

PURE FOOD AND PROPER NUTRITION.

The problem of pure food and proper nutrition has received a great deal of thought and investigation on the part of the Committee. In 1913 Commissioner Lederle requested the Committee to investigate the food inspection work of the Department of Health. In view of the lack of a staff of investigators, the Committee asked the co-operation of the Bureau of Municipal Research and worked out a detailed schedule of investigation.

The Committee obtained expert information with reference to the physiological effects of non-nutritious substances in foods connected with or arising from methods of preservation. The Committee pointed out the need of standardizing preserved foods and indicating their nutritive value. The Committee also pointed out the need of educating the public with reference to the caloric value of foods and the utilization of certain foods which are very inexpensive and yet contain a great deal of nutritive value.

On March 19, 1914, a conference was held at the Academy of Medicine on the cost of clean and wholesome food, at which matters such as the relation of storage to cost of food, the responsibility of the consumer and food cost, the sanitation of bakeries and other food factories and stores were discussed.

A public meeting was held under the auspices of the Committee at which the "Nutritive Significance of Food" and "Food

from the Energy Standpoint" were discussed by Dr. Lafayette B. Mendel and Dr. Graham Lusk. The two papers were reprinted by the Committee for distribution.

CERTIFIED MILK.

In view of the misconception of the medical valuation of certified milk as evidenced in some statements of the public press, the Committee has prepared a statement recording its estimate of certified milk. The following is the report which in part was published in the Survey of May 15, 1915.

The Public Health Committee of the New York Academy of Medicine has noted recent statements in the public press which seem to imply a misconception of the medical valuation of certified milk, and would therefore, record what it believes to be the real medical estimate.

Dangers of Ordinary Milk. Milk, as ordinarily handled, is a food exposed in a very notable degree to the dangers of dirt in the various stages of its collection and transference to the consumer. The dirt is always objectionable for reasons of decency, and may be positively dangerous because it contains the micro-organism of one or another infectious disease. Until within a few years the only control exercised over this food was the business desire of the producer to deliver to the consumer a product which should not be obviously objectionable, and therefore unsalable. Attempts at cleanliness in production and in transference of the product to the consumer have been made with greater and greater diligence during the past few years. These attempts have been inspired partly by business ambition, and partly by the insistence of physicians and the public at large, upon a greater degree of safety in this food so generally and often exclusively used by infants and invalids, that is, by those in the condition most susceptible to infection.

Origin of Certification. Various milk commissions, made up of practicing physicians, have formulated standards with which milk should comply, and have rewarded the supposed attainment of these standards by permission, now legalized in many places, to brand the milk as "certified" by this or that commission. These standards are not uniform although they have been, it is believed, invariably an advance on previously existing standards. The product naturally varies to some extent with the standard, and medical men generally have not at any time insisted that the brand "certified" makes it certain that the milk so branded is without the possibility of danger.

Maintenance of Standards of Certification. The standards adopted by the various commissions have related to the methods of ordinary clean-

liness, to the production of milk from animals free from disease, and to the transference of the milk under such conditions that it may remain free from contact with disease-bearing persons or utensils, and from any risk of deterioration. Compliance with the standards can be determined only by the imperfect means of intermittent inspection, and it cannot be stated too strongly that the advantage of certification is an attainment of a relative degree of safety and not of absolute safety. The degree of safety depends on the care exercised by those responsible for the production and transportation of the milk, and on the character and amount of inspection. Absolute safety can not be obtained by any known means. Even sterilization does not insure it. Milk which, by reason of the presence of dirt, has undergone bacterial changes, cannot be made absolutely safe by any process of pasteurization or sterilization, for, although these processes kill the disease-producing germs, they do not destroy the poisons produced in the milk by the bacteria before they were killed. It is the present medical belief that a combination of pasteurization with inspection, such as is required in certified milk production, presents the highest degree of safety for milk now attainable.

Use of Raw Milk. It is, however, also believed that certain infants are nourished more successfully on milk which has not undergone pasteurization, and that it is therefore desirable that milk should be provided in as clean a condition as possible, and accordingly as fit as possible for use without pasteurization. Such milk can be obtained only from reputable contractors and through faithful, frequent, and intelligent inspection, and is invariably expensive as compared with milk not so guarded.

Certified Milk in New York City. In New York City "certified" milk means usually milk "certified by the Milk Commission of the Medical Society of the County of New York" which is a Commission composed of physicians appointed by the President of the County Medical Society. The standards set by this Commission relate especially to cleanliness of the milk which can be judged approximately by the bacterial content, at present determined weekly, the amount of fat in the milk, which is tested by chemical analysis, the absence of tuberculosis and disease of the udder in the cows producing the milk, and the absence of disease in those who handle the cows and the milk. The control of cleanliness is exercised chiefly by inspection made by paid experts at regular intervals, averaging once in three weeks.

Detection of Tuberculosis in Cattle. The presence of tuberculosis in cattle is now investigated by injecting the animals in a prescribed manner with tuberculin and then taking the temperature of the animals at regular intervals for a prescribed period to determine whether fever does or does not develop as a result of the injection. A characteristic fever is regarded as indicative of tuberculosis. This test, now in use for many years, has been modified considerably since its introduction, and may be modified yet

further, or some other test may come to be regarded as more convenient or reliable. The length of time during which the temperature should be repeatedly taken is one of the still uncertain factors of the test, but the former medical belief that eighteen hours is a sufficient period has yielded, as a result of observation, to the present demand for twenty-four hours. Observation too has shown a need not formerly recognized for a more frequent tuberculin test, but those most experienced differ in their recommendations as to the proper interval between tests. The present practice follows the medical recommendation that a test shall be administered to every animal within one month previous to admission to a dairy herd, and that thereafter a test shall be made annually, and if reactors are found in a herd, shall be repeated in six months. Excellent authorities, however, believe that a test every six months should be the routine practice. These examinations provide a great safeguard against tuberculosis, but as they depend on the honesty of agents, they are not infallible. A single performance of the tuberculin test puts the animal for a time in such a condition that it may not, after a second injection, even if tuberculous, develop a characteristic fever. The duration of the period during which a second test is unreliable is at present uncertain. It is, however, clear that repetition of this test after too short an interval may not show an existing infection and may therefore give a false sense of security.

Typhoid fever, scarlet fever and diphtheria have occasionally been communicated (though as far as known not in New York City) by certified milk, which has been exposed after bottling to persons suffering from these diseases, and infectious sore throat has been communicated through milk from cows suffering from an infection of the udder. Inspection cannot entirely remove these possibilities, but precautions exercised by conscientious contractors may reduce them to a minimum. The milk rated by the New York City Health Department as "Grade A Raw" differs from "certified" milk chiefly in being less controlled by inspections.

The Medical Estimate of Certified Milk. The present medical belief is that certified milk is the safest raw milk to be obtained, but that the safety of such milk depends upon the standards of certification, the amount and character of the inspection, and the precautions adopted to exclude diseased animals and to protect the milk from contamination by diseased human beings and from deterioration in transit. Finally, it is believed that pasteurization of certified milk provides an additional safeguard. It is understood that the maintenance of precautions against these dangers is the special function of the milk commissions.

TURBIDITY OF THE CROTON WATER.

When during the summer of 1912 the Croton water supply became turbid, the Committee inquired into the cause of it and ascertained that the discoloration of the water was due to the fact

that on the Croton water shed there were large areas in which the soil has been broken up and pulverized with fine silt of top soil by cultivation. This fine material is carried by the water when the reservoirs are low, and this accounted for the turbidity of the water supply in the summer of 1912.

The Committee also ascertained that the water had been analyzed daily, treated with the hypochlorid of lime and was free from pathogenic organisms.

SEWAGE DISPOSAL INTO MOHANSIC LAKE.

At the request of the City Commissioner of the Department of Water Supply, Gas and Electricity, the Committee gave careful consideration to the matter of discharging sewage from the two recently built institutions (State Hospital for the Insane and the Yorktown Training School for Boys) into Mohansic Lake. After carefully weighing the arguments for and against such a procedure, the Committee took the stand that inasmuch as doubt exists as to the certainty of rendering sewage effluent harmless, it would be unwise to add a possible source of pollution to the Croton Water Supply and recommended the alternative of draining the sewage into the Hudson River which, according to the estimates of the Department of Water Supply, Gas and Electricity, could be done at a cost of $120,000. The Committee felt that such a relatively small expenditure of money should not stand in the way of an absolutely safe method of sewage disposal.

SANITARY ASPECTS OF THE SUBWAY.

In 1913 when the plans for the new subways had been considered, the Committee called to the attention of the Public Service Commission, the Department of Health, the Board of Estimate and Apportionment, and the members of private public health agencies of the City to the need of so planning the projected subways as to provide for adequate ventilating and cleaning facilities, for a reduction of the noise in the subways and for the construction

of sanitary comfort stations, arranged in such a way that they may be available for the use of the patrons of the subway and for others as well.

STREET ACCIDENTS.

Very little attention has been paid by those interested in public health to the matter of street accidents and no attempts on their part have been made to find out accurately the extent of this source of mortality and injury of the population of the City, although the deaths from street accidents exceed those from typhoid fever. To stimulate interest in this important matter the Committee has made a study of the available statistics of street accidents occurring in the City of New York. It was found that during the year 1915 the total number of accidents was 22,540 of which 659 were fatal. The report prepared gives an analysis of the statistics by ages, by sexes and by the months in which the accidents occurred. It also gives the chief causes of the accidents caused by special types of vehicles, such as ambulances, fire engines, mail wagons, busses, etc. Although the total number of accidents caused by these vehicles is, in the opinion of the Police Department, too small to warrant separate headings, at the request of the Committee such statistics were obtained for the month of February of this year and an analysis showed that out of the total of 1,407 highway accidents, only two were caused by ambulances, one by fire engines, three by busses and five by mail wagons.

The Committee recommended to the Department that in view of certain misapprehensions existing, it would be desirable to analyze the statistics in greater detail than has been done hitherto, and also to give more newspaper publicity to the whole question of street accidents as a step toward the prevention of street accidents through the education of the public.

HEALTH INSURANCE.

The matter of social health insurance has received thorough consideration on the part of the Committee. Recommendations were made to the Special Committee of the American Association

for Labor Legislation at whose invitation the Committee interested itself in the matter. The Recommendations were:

1. Provision should be made for periodic medical examination of all persons insured under the Act. If this be impossible of introduction at the outset, provision should be made to compensate those who voluntarily submit to examinations, either by a reduction in their premiums or an increase in their benefits.

2. Medical, surgical and nursing aid should be afforded to the wives and children of insured persons. The inclusion of dependent wives and children as beneficiaries under the Health Insurance Act would advance materially public health, as many infectious diseases would early be discovered and reported, and early home quarantine enforced.

3. Close co-operation with the State and Local health authorities should be established, for example by making the State Commissioner of Health a member of the State Insurance Board and the sanitary supervisors members of district insurance committees; also, Health Officers of the cities and towns might be members of the local supervising insurance authorities.

4. Utilization of existing dispensaries for the administration of medical benefits in cities well provided with institutions of this type should be encouraged. Arrangements made by insurance carriers with dispensaries for the care of the insured in certain sections would enable the dispensaries to increase their efficiency and would provide controlled medical service. Ambulatory cases would be treated at the dispensaries, and other cases could be cared for in their homes by visiting physicians and nurses under proper control. Both physicians and nurses would be compensated at a rate uniform to all dispensaries, out of the proceeds received by the institutions from the insurance carriers. The equipment of the dispensaries would make possible proper care of patients requiring special therapeutic facilities and apparatus. Through this means the patients would also be able to obtain services of specialists in various branches of medicine without increased cost to themselves and to the insurance carriers. Such a scheme would also be beneficial to the advancement of medical science through carefully supervised work and through the keeping of exact records.

5. Where physicians practice under the Act outside of dispensaries and in localities where no dispensaries exist, arrangements for medical and surgical care should be made through the State medical society or the various county medical societies who would assume responsibility over the medical work performed by the physicians. Payment by the insurance carriers should be made through such State or county societies to the individual physicians in accordance with the services rendered. Such arrangement would also provide for adequate medical control in the prevention of malingering, which has been universally recognized as a serious deterrent to efficient health insurance administration.

6. The administrative scheme adopted for carrying out the medical provisions of the Act should prevent the drafting into the service of

graduates of less than three years' standing unless they have had at least one year of hospital service.

Care should also be taken that the provisions of this Act do not tend to keep at home patients who need hospital treatment.

Administrative arrangements should be of such a nature as to compensate through the management of the hospitals the physicians attending insured persons in institutions.

7. The effect of the legislation advised should be such as not to lower the present economic status of the medical profession.

It is very probable that certain objections will be raised to these recommendations. The Committee have considered this and still feel that such objections are overbalanced by the arguments in favor of the recommendations.

VI

MEDICAL, PUBLIC HEALTH, DENTAL AND NURSING EDUCATION

PUBLIC HEALTH INSTRUCTION IN MEDICAL SCHOOLS.

In the course of the Committee's various activities and studies it has been apparent that however good the intentions of the City and State and however willing the body of private citizens which undertakes public health activities, their efforts prove unnecessarily expensive, and in certain instances futile, because of the lack of trained experts, sanitarians, public health physicians and social workers to carry out the admirable and altogether possible plans which they wish to put into force. The supply of such experts, as we find a dearth of and a need of, can come only from among the graduates in medicine or sanitary engineering, who are trained especially by post-graduate courses in existing universities and medical schools in this country.

The Committee made a review of the courses offered in the various universities leading to a degree of doctor or master of public health. The courses were found to be excellent but not sufficiently inclusive. Subjects such as the principles of organization and administration of public health departments, efficiency methods and practices, applied sociology and social legislation, the technicalities of budget making, and the preparation of statistics and reports, are not included in the curricula of the schools.

In view of this the Committee worked out a plan of study which would meet the manifold requirements, and submitted it to the Council on Medical Education of the American Medical Association, and also the deans of the medical schools of the City of

New York. As a consequence plans for public health instruction are being discussed in the several medical schools with a view to the early establishment of courses. A School of Hygiene and Public Health has recently been established at the Johns Hopkins Medical School at Baltimore under a grant from the Rockefeller Foundation.

AUTOPSIES.

In co-operation with the Russell Sage Institute of Pathology, the Committee investigated the extent of performance of autopsies in the main hospitals in this country and abroad. From the study it became apparent that the small number of autopsies performed in our hospitals, despite the efforts made by many to obtain permissions for performing them, proves very forcibly that some changes in the public mind and in the existing laws must be brought about in order that medical education and medical progress in this country may not be seriously hampered.

With this in view the Committee recommended:

1. That effort be made on the part of various medical bodies to interest the press in the matter of autopsies with a view of presenting to the public the absolute dependence of medical progress and education on the regular performance of post-mortem examinations;

2. That effort be made to secure legislation relative to autopsies, similar to that of European countries, which would obviate the necessity of securing written permissions and at the same time safeguard all the present rights of the relatives;

3. That the law should be so amended as to recognize the difference between anatomic dissection and pathologic autopsy made for scientific purposes;

4. That until such legislation is secured, the boards of managers of all our private hospitals be urged to have the hospital rules so changed as to remove as much as possible the obstacles now placed in the way of securing autopsies.

Following the publication of the report in the *Journal of the American Medical Association* of June 7, 1913, attempts were made to put the recommendations of the Committee into effect.

Efforts have since been made to interest hospital trustees and other hospital officers in this subject, in order that they may better appreciate the handicap to medical progress that results from the small percentage of autopsies obtained in the hospitals. Frequent conferences have been held with representatives of several hospitals, as well as of the pathological and anatomical departments of the medical schools, in an effort to draft a bill for the State Legislature which would embody the recommendations made by the Committee.

THE CORONERS.

The New York Academy of Medicine at various times in the last twenty years has gone on record as opposed to the present coroner's system. During 1914 the Committee revived the discussion of the matter and has arranged a series of conferences on the subject at the Academy.

It has actively assisted in the formulation of a bill providing for the abolition of the office of coroner, which was introduced in the Legislative Assembly in 1914 but failed of passage.

The matter was subsequently taken up by the Commissioner of Accounts of the City and a thorough investigation has been conducted by his office. The Committee co-operated with the commissioner and was represented at the hearing held in Albany during the session of the Legislature in 1915.

The bill abolishing the coroner's office was passed and beginning with 1918 special well qualified medico-legal officers will be in charge of the cases that hitherto came under the coroner's jurisdiction.

FIFTH MEDICAL YEAR.

Over a year ago the attention of the Public Health Committee was called by the Department of Health of this City to the need of amending the laws of the State in such a way as to afford protection to the public from incompetent physicians. It was sug-

gested that legislation, similar in principle to that of Pennsylvania, Rhode Island and New Jersey should be enacted, demanding at least a year of hospital experience from all candidates for medical licensure. Before attempting to advise legislation of this sort the Committee endeavored to find out how many prospective physicians failed to secure such experience before entering into the practice, and also what would be the attitude of the medical schools of the State toward such an amendment to the law.

From the statistics available it was ascertained that a large proportion of medical students of New York State secure hospital positions immediately after graduation. It was also ascertained that those who do not receive hospital appointments do not fail to do so because of any lack of hospital accommodations in this State, but because of the character of the applicants or on account of their economic status, which forbids them from delaying any longer than they are legally obliged to do so, their entrance into practice.

The attitude of the schools was unanimously favorable toward the principle of requiring a minimum of a year of hospital experience of an educational character, but numerous difficulties were pointed out in the realization of such a plan. The foremost difficulty is the lack of standardization of hospitals; a second is the relation of the school to the hospital. A year's hospital experience may mean much or little, the pivotal point being efficiency in the organization of the hospital. Then, many medical schools have no control over hospitals and they are loath to have their students pursue so important a part of their medical education outside of the control of the faculty. It is feared that in some instances students would work under the guidance of men not properly qualified to teach. Some of the schools feel that should a fifth year be added it should not be given over entirely to clinical work, but that the curriculum of the school should be recast and the clinical work distributed over two or three years, and that in a part of the fifth year certain theoretical studies be pursued. It was also pointed out that many students do not intend to practice, but prepare to take up laboratory work and that they should not be compelled to take a year of clinical work in a hospital.

Realizing that many of these objections were valid, the Committee, after conferences with the deans of some of the medical schools and the Assistant Commissioner of the State Department

of Education proposed a simple amendment, which retained the essential principle, but which was so worded as to allow sufficient elasticity to meet the various plans which the medical schools might wish to adopt. The proposal provided that in addition to meeting existing requirements, an applicant may apply for a license, only after completing twelve months of satisfactory clinical work in a hospital having a daily average of not less than thirty patients and having not less than fifty beds devoted to the treatment of medical and surgical diseases and registered by the Regents as maintaining at the time satisfactory clinical and laboratory standards.

The proposal made in no way affects the granting of the medical degree; the twelve months of clinical work may or may not be included in the college curriculum, according to the judgment and desire of college authorities; the student will be free if he chooses, to do a large part of the required clinical work during his second and third college vacations and therefore, the entry of the student into practice need not be long deferred. Under the law as proposed, a college may or may not add a fifth year to its curriculum, but at all events, the public will be protected by the requirement that each applicant for a license shall spend at least twelve months in clinical work before coming up for examination. Those who do not intend to practice medicine need not, of course, take the examination for licensure but if they should at any future time decide to take up the practice of medicine they will be compelled to meet this requirement of a year of clinical experience. This requirement will be applicable to graduates of schools in other States and the law, therefore, will not impose a handicap on the medical colleges of New York to the advantage of competing schools elsewhere.

The Committee avoided any attempt to define "satisfactory" hospital standards, believing it wise to permit the Regents to feel their way in this new field, guided by the authorities of the medical schools. The proposal that the hospitals in which clinical work is done shall maintain "satisfactory" clinical and laboratory standards corresponds to that part of the present law which declares that the professional requirement shall include four "satisfactory" courses in medical schools maintaining "satisfactory" standards.

One of the medical schools in this State has objected to this proposed amendment on the ground that it compels the applicant for a license to keep fresh in his mind for another year the information necessary to pass the present style of examination. In this respect the College referred to stands alone; all the others have endorsed the recommendation fully and some went so far as to advocate even more rigid requirements.

In view of the fact that the State Medical Society of New York has planned to devote one of the sessions of its annual meeting to the subject of medical legislation, the Committee voted to submit this proposal for the consideration of the Society and to get the benefit of its opinion concerning the matter. It has been submitted to Dr. W. Stanton Gleason, President of the Society, and has received the careful consideration and unanimous approval of the Society at the meeting in Saratoga on May 16, 1916. No changes have been suggested in the amendment as submitted. It is probable that legislation along the lines suggested by the Committee will be enacted into the law of the State in the near future and will redound to the benefit of the public as well as to the medical profession.

DENTAL EDUCATION.

The matter of the present status of the dental schools in this City and State and the desirability of recommending the establishment of universities and schools of dentistry was taken up by the Committee and an investigation of the situation was made.

A report has been prepared and the conclusion reached that there is a distinct need of additional dental colleges in this City which it would be preferable to establish in connection with universities having medical schools.

The following is the report:

There are three dental schools in the State of New York, two in New York City, the College of Dental and Oral Surgery and the New York College of Dentistry, and the third in Buffalo, conducted under the auspices of the University of Buffalo.

The New York College of Dentistry is the oldest and largest, having been established in 1886 and registering 845 students, male only, for the present year, 326 freshmen, 274 juniors and 245 seniors. Since the death

of Dr. Weisse last year, Dr. Alfred R. Starr has been Dean. The main building and the annex occupied by the school are inadequate to accommodate all the applicants. About 70 were refused admission last year. The College is proprietary, having no endowment. The tuition fee is $200, and the proceeds from the fees more than cover the costs of maintaining the institution. The college is endeavoring to raise money for a new building in East 42nd Street where it owns a considerable piece of property.

The College of Dental and Oral Surgery, founded and conducted by Dr. William Carr occupies a new and well equipped building in East 35th Street. Its registration is over 500 students, both sexes, and owing to the limitation of facilities, they too have been compelled to refuse 50 applicants last year. This school is also proprietary, having no endowment and the tuition fee is similar, $200.

The Buffalo School obtained its charter in 1892 and now has an enrollment of about 500 students.

At the present time the course is three years, but beginning with the 1917 session all the Colleges holding membership in the National Association of Dental Faculties have agreed to adopt the four years' course. This means that all the schools in this State will have a four years' course. The additional year will make possible a more thorough education in the fundamental sciences.

The requirements for admission to the schools of dentistry in the State are either possession of a high school diploma or an equivalent certified to by the Board of Regents. Persons holding an M. D. degree are admitted and may complete their work in two years.

In addition to the purely technical work required in dentistry, the curriculum includes instruction, chiefly by lecture, in anatomy, pathology, biology, histology and bacteriology; X-ray photography, the use of the microscope; laboratory work in chemistry and metallurgy; and practical instruction in oral surgery, pathology, therapeutics and materia medica.

The college clinics receive many patients and the work is done under the guidance of instructors. The New York College has a small infirmary, work in which is optional.

The Deans of the two Colleges in the City expressed the opinion that there is a need for another school in this City. Both favored University connections for their own schools and stated that in case such connections latitude, and would also wish to protect the present members of their were made they would wish to reserve for themselves a certain degree of Faculties, who have served them faithfully and efficiently in the past.

In view of the fact that the schools are overcrowded, and in view of the further fact that many New York students seek instruction in university schools outside of the State, (out of the enrollment of 722 at the School of Dentistry of the University of Pennsylvania, 206 or about 30 per cent. come from New York State) there seems to be a well recognized need for an additional school, preferably in connection with a university.

The only information which could be obtained regarding dental schools

under university control was with regard to the Philadelphia School, the Harvard University School, the University of Maryland School in Baltimore and the Ann Arbor School.

NURSING EDUCATION.

The matter of the training of nurses has received a great deal of attention on the part of the Committee. Numerous conferences with representatives of hospitals, training schools, and agencies interested in public health were held. In view of the fact that there is no uniformity of standards among the training schools and that the requirements for nursing education are at great variance in the several states of the Union, and also in view of the fact that the fields of usefulness of the nurses have become broadened and require special training, in 1914 the Committee recommended to the Carnegie Foundation for the Advancement of Teaching, the urgent need of a comprehensive study of the problems of Nursing Education. At that time the Carnegie Foundation was not able to undertake it. Recently, Mr. Pritchard, the President informed the Committee that the Foundation had undertaken such a study in co-operation with the American College of Surgeons.

The Committee had also under advisement the question of legislation in regard to the Practice of Nursing. The Bill introduced into the State Legislature during the session of 1912 was opposed by the Committee because of the attempt to copyright the term "Nurse" and to make it apply only to graduates of registered nurses' training schools. The majority of the Committee, however, was in favor of the principle of the bill which aimed at securing greater protection for the profession of trained nurses and of the public at large. When a new bill was introduced in 1916 free from the objections raised by the Committee in the past, the Committee voted to support it.

VII

THE CARE OF THE MENTALLY DEFECTIVE, THE DELINQUENT AND THE AGED

CARE OF THE MENTALLY DEFECTIVE.

One of the problems which has received a very large amount of time and consideration on behalf of the Committee was the problem of the segregation and care of the mentally defective. The lack of adequate control over this class of unfortunates and the serious social consequences that this lack of control entails led the Committee to investigate the matter in a very thorough fashion and to formulate a series of recommendations.

The discrepancy between the number of feeble minded in this State and the facilities for institutional care of them is so large as to make the matter one of grave public concern.

The plan as formulated by the Committee embraces the policy of procedure which covers the whole life of the feeble minded. The Committee believes that some such program must be adopted in order to combat the situation effectively. The following is the program outlined by the Committee and published in the *Survey* of June 21, 1913:

"We believe that the interests of the state and of the individuals concerned would be best served if the care of the feeble minded should be dealt with as follows: namely, That the organization of a State Board of Control, analogous in function to the State Board of Lunacy, be so authorized by law that it shall be empowered to have charge of all feeble minded from birth to death with the exception of that part of the lives of the educable feeble minded which comes within the usual school ages in such municipalities as make proper provision for the training of the feeble minded.

Before school age the care of the feeble minded would naturally fall

to the family under the supervision of such a state board, with the additional observation of specifically qualified private agencies.

Race, religion and economic status should not relieve the family from the supervision of state authorities or the restrictions which might be necessary to be imposed for the public welfare. During this period the records should be made which should be permanently under the State Board of Control or under some State Bureau of Statistics if such should later be established.

During school age all educable children should be educated as far as possible to be self-supporting if possible, either by private means, or in existing public schools, or in special institutions if they are later provided. During school age the children's records should still be kept up and form a part of the permanent files of the State Board of Control.

After school age the feeble minded who are non-selfsupporting should be cared for by the State or by private means under State supervision. Those who are self-supporting might be allowed under certain restrictions to live outside of institutions, but it would be the ultimate ideal to so supervise all feeble minded in or out of State institutions that propagation of their kind may be prevented.

In order that this may become a fact and not merely a hope, it is probable that some kind of custodial care for women and men in farm colonies will have to be provided.

The criminal feeble minded should be referred by the courts to the State Board of Control, rather than to reformatories or prisons for criminals, for detention and care, separate from the feeble minded who have no anti-social tendencies.

We believe that there is now and will be for some time, and probably always. a need for the so-called Ungraded Classes of the public schools. Our criticism of such work as is done by the Department of Education of New York City is that the examinations and tests of the children have not been under adequate medical direction, and that the equipment and organization are insufficient. A further criticism of the care of children by the Department of Education is the lack of provision for the morally defective.

We believe that the Department of Charities of New York City is not a suitable department of City government to take upon itself the permanent control of the great problem of the feeble minded, in spite of the fact that at present many of such cases come upon the city as public charges and although under existing conditions there is a legitimate field for the activities of this Department.

Any thoroughgoing reorganization of the care of the feeble minded and the protection of the State from their incapacity or criminal tendencies should contemplate:

1. State rather than local or municipal control.
2. A permanent bureau of life records.
3. Self support where possible.

4. Segregation and detention if necessary.
5. Prevention of propagation of their kind.
6. Organized campaign for the prevention of the causes which lead to feeble mindedness."

On August 18, 1915 the Committee brought to the attention of the Constitutional Convention the need of formulating a definite policy for dealing with mental deficiency and of amending the constitution in a manner which will allow the adoption of such a policy. The Committee advocated the establishment of a Central Board of Control, similar to that recommended by the English Royal Commission, with power to register all of the mentally deficient of the State, to supervise the work performed by local authorities and the public institutions caring for this class of the socially unfit, to license and inspect private institutions for the mentally defective, to enforce the provisions of the law relating to their commitment, registration and protection, and to ascertain in a scientific manner facts which shall become the basis of a comprehensive method of dealing with the problem.

PRISON HOSPITAL WARDS.

At the request of Mrs. E. H. Harriman for an opinion as to the need of funds to pay the salaries of the resident staff of the Hospital at the Workhouse on Blackwell's Island, for whom no provision has ever been made in the City Budget, a special Sub-Committee visited the Hospital in March, 1915, and made a report on the conditions existing there and the need of improving the medical service.

The following is a summary of the observations made during the visit to the hospital wards at the Workhouse:

THE WORKHOUSE AT BLACKWELL'S ISLAND.

The Special Committee visited the Workhouse at Blackwell's Island on March 24, 1915. They were met by the Commissioner, Dr. Katherine B. Davis, and were shown through the Institution and the hospital wards by her and Warden Fox.

The total number of inmates in the workhouse averages 3000. Of this number, approximately 1300 are in other institutions of the Department of

Correction because of lack of space at the workhouse. The hospital provisions consist of eight wards, four for men and four for women. The wards are divided as follows: one for medical cases, one for surgical cases, one for active syphilitic cases and one for drug addictions. The wards are light, airy and clean, each containing about 20 beds. The wards are always full and often are very much overcrowded. There is an operating room where operations are done on inmates of the workhouse and also where the operative work of the Penitentiary is done. There is a room called the clinic room where all new prisoners are examined physically, and where all cases of alleged sickness and injury are examined.

The medical service consists of a visiting board of physicians and surgeons and of a staff of four internes. The internes are supposed to serve a year in periods of three months. During the first three months the interne is a senior medical student who receives his board and lodging.

This staff of internes has to do a great deal of routine and uninteresting work. In the morning they must make the rounds of the wards; between 9 and 11 o'clock they must examine patients who are applying for relief in the hospital wards, and from 40 to 50 patients are examined every morning; from 11 to 1 o'clock they must examine all the new male prisoners arriving each day. these averaging from 15 to 30 or 40. The female prisoners, also about 40 a day, are examined by a woman physician who is especially paid for this service, but the male prisoners must be examined by the staff of internes. In the afternoon the staff must attend to the operative work and make its rounds again. Owing to the lack of pay and the monotonous and routine character of a large amount of the work, it is extremely difficult to get physicians on the service. We have been told that since December, 1914, there have been six new physicians on the staff of internes. Also, these physicians are not very amenable to discipline, and if much fault is found with them they resign.

There are one or two trained nurses in connection with the wards, but most of the nurses are trained attendants.

It was thought by Dr. Davis that if there were enough money to pay the staff as follows: the first three months, nothing; the second three months, $25; the third three months, $25; and the fourth three months, $50; competent medical service could be secured. The Board of Estimate refused to appropriate any money this year. The total money needed for the whole year under this plan would be $900. The Committee is very decidedly of the opinion that the medical and surgical service at the workhouse should be made more attractive in order to secure competent medical help. The value of the service might be increased by the appointment of a medical superintendent who could organize the service and have it conducted upon regular hospital methods. Until this is done there is no other way of supplying the service with properly equipped physicians than by paying the staff of internes for their work, and this policy is recommended.

THE PROBLEM OF DRUG ADDICTION.

The State and Federal laws, providing stringent checks to the illicit traffic in habit-forming drugs, have created a problem of providing adequate facilities for the treatment of drug habitués. The number of cases that applied for treatment at the various institutions after the Boylan and Harrison laws went into effect became so large as to create a serious situation for the City hospitals. The matter was brought to the attention of the Committee and an investigation of the whole subject was undertaken and a number of conferences were held with representatives of the Courts of General and Special Sessions, District Attorney's office, Board of Inebriety, and the City Department of Public Charities, Correction and Bellevue and Allied Hospitals.

These conferences as well as the investigation that was made revealed very plainly that there is a lack of constructive social policy with reference to the problem of drug addiction.

The investigation made apparent the fact that the three City hospitals which have been receiving drug cases, Bellevue, Metropolitan and Kings County were unable to handle all the cases. The hospital at the Workhouse has been similiarly overtaxed.

The Committee recommended the development of the Farm Colony for Inebriates at Warwick, New York, bought by the City several years ago, to enable that institution to care adequately for the male cases of drug addiction committed to it. The Committee also recommended changes in the present court procedure with reference to commitments and the adoption of a uniform method in all of the courts with reference to drug addicts.

The need was pointed out for the establishment of a colony for female cases and for the organization of a follow-up service that would take care of all the discharged patients by Social Service workers, would guide them in procuring employment and prevent them from falling again into associations or conditions which were responsible for the development of their drug habit.

The Committee also pointed out the need of so amending the present law as to allow utilization at the City hospitals of the drugs confiscated and taken away from dishonest dealers.

A law to this effect has been passed by the Legislature.

HOMES FOR THE AGED.

At the request of the Department of Health, the Committee undertook to ascertain the existing conditions with reference to the medical and sanitary care of the inmates in the Homes for the Aged. An analysis of available reports showed that the homes vary greatly in sanitary conditions and in the medical care afforded to the inmates; and in some of them conditions appear to leave much to be desired. The Committee recommended that a sanitary survey and more rigid supervision of these Homes be made by the Department of Health.

VIII

OUT-PATIENT CLINICS

ASSOCIATED OUT-PATIENT CLINICS.

Very early in the work of the Committee the importance of the dispensary in preventive medicine and in the public health movement was recognized and special attention paid to the work of the Associated Out-Patient Clinics. It became apparent that there existed a great discrepancy of standards and procedure and little or no co-operation between the various institutions. The possibility of an association of dispensaries was suggested to a number of trustees of hospitals and a call issued for a meeting to discuss the possibility and advisability of such an association.

The first meeting was held on February 29, 1912. It was attended by representatives of 26 institutions and the following resolution was adopted at that meeting:

WHEREAS, The out-patient departments of hospitals and dispensaries represented at this meeting acknowledge their common responsibility for the proper treatment of the sick, who are too poor to pay for medical advice and treatment, and are not eligible for hospitals, and

WHEREAS, Their work hitherto has not been co-ordinated, neither has it been effectually regulated either by law or by the voluntary adoption of suitable standards, and

WHEREAS, The volume of dispensary work, in the absence of suitable checks, tends constantly to increase, while its quality, in the absence of recognized standards and for want of sufficient means, does not improve as rapidly as does the quality of other forms of recognized medical or other charitable relief:

THEREFORE, BE IT RESOLVED, That the dispensary representatives present favor the formation of a co-operative dispensary association, which shall have for its immediate objects the co-ordination of the work of the existing dispensary and out-patient departments in the City of New York, the elimination of unworthy applicants for medical treatment, the promotion of proper standards of treatment and the furthering of such changes in methods as shall make for economy and efficiency in dispensary management; and

BE IT FURTHER RESOLVED, That a Committee of Five, to be appointed by the Chair, be invited to serve as a Committee on Temporary Organization with power to add to their number as many representatives of dispensaries and of hospital out-patient departments as may signify their willingness to co-operate in this movement.

As a result of the activities of the Committee on Temporary Organization a permanent organization was established with the following general aims:

1. The co-ordination of the work of existing dispensaries and out-patient clinics,
2. The elimination of unworthy applicants for treatment,
3. The promotion of proper standards of treatment, and
4. The promotion of economy and efficiency in dispensary management.

The membership of the Association includes the most important clinics of the City. In Manhattan 40 institutions hold membership in the Association and the Brooklyn chapter is composed of 12 members. The work of the Association has been along constructive lines. A series of standards dealing with equipment and organization have been formulated with painstaking care and a well-recognized gap in the science of hospital administration has been filled.

VENEREAL DISEASES.

When in the Fall of 1912 the Health Department made a request of the Board of Estimate and Apportionment for funds to establish Venereal Disease clinics, the Committee opposed the

granting of this request on the ground that insufficient effort had been made to use the resources already at hand and that there was no evidence of the expediency of the Department of Health assuming additional therapeutic activities.

The money was not granted and the Committee, realizing the responsibility it had assumed and the urgent need of improving the existing dispensary and hospital facilities for the treatment of Venereal Diseases in this City, arranged for a public meeting which took place at the Academy on February 20, 1913. At this meeting the following matters were discussed:

The attitude of the Department of Health in relation to Venereal Diseases, by Dr. Hermann M. Biggs.

Dispensary facilities for the treatment of Syphilis, by Dr. Homer F. Swift.

Adequate dispensary facilities for the treatment of gonorrhea, by Dr. E. L. Keyes, Jr.

Hospital accommodations for acute Venereal Diseases in New York City, by Dr. S. S. Goldwater.

Relation of Syphilis to Internal Medicine, by Dr. Warfield T. Longcope.

The papers presented at that meeting were subsequently published in book form.

Several informal conferences followed the meeting, and at the request of the Committee the Associated Out-Patient Clinics took up the study of Dispensary facilities for the treatment of Venereal Diseases and formulated a set of constructive recommendations.

Unfortunately only a few of the institutions in this City have lived up to the standard recommended, and recently the Committee has again endeavored to bring the matter to the attention of the hospital trustees through the means of a questionnaire addressed to the hospitals of the City.

Realizing the need of a better control of Venereal Diseases in this City, the Committee unanimously recommended to the Academy the adoption of the following resolutions, which, however, though endorsed by the Council of the Academy, failed of passage.

Resolved, That the New York Academy of Medicine

1. Is opposed to the establishment of a clinic for the treatment of venereal diseases by the Department of Health until it is proved that the existing dispensaries, public and private, cannot be made adequate to the needs of the city.

2. Approves the facilities for the diagnosis of venereal diseases which the Department of Health affords through its laboratories.

3. Is in favor of reporting all cases of gonorrhea and communicable syphilis to the Department of Health under such regulations as will insure privacy.

4. Urges action on the part of the general hospitals leading to the admission under suitable precautions of persons in the active stage of syphilitic infection.

5. Urges action on the part of the general hospitals, leading to the admission under suitable precautions of persons in the active stage of gonorrheal infection.

6. Strongly urges upon the general dispensaries which wish to treat syphilis, the absolute necessity of providing special adequate facilities for its diagnosis and treatment.

7. Approves the action of the Associated Out-Patients Clinics in directing the formation of an Association of Genito-Urinary and Syphilitic Departments of general dispensaries in this City for the purpose of co-ordinating and standardizing the medical and administrative work in connection with venereal diseases.

TONSIL AND ADENOID OPERATIONS.

In 1913 the Committee made a study of the extent and the prevailing methods of procedure with regard to Adenoid and Tonsil Operations in the dispensaries of the City and having found them insufficient and inadequate has referred the matter to the Associated Out-Patient Clinics with the request for action in the matter.

The Association obtained advice from the Section on Laryngology of the New York Academy of Medicine to the effect that both tonsillectomy and tonsillotomy are operations requiring the facilities of a hospital.

Recommendations of the Association based on this opinion were sent to the dispensaries of the City. However, not many of them found it possible to change their previous methods. Consequently, in 1914 the Committee called a conference at which the Department of Health, the Laryngological Section of the Academy,

The Associated Out-Patient Clinics and the State Charities Aid Association were represented.

The representative of the Health Department explained that the inadequacy of the existing facilities for the treatment of tonsils and adenoids as well as the unsatisfactory methods were chiefly responsible for the Department of Health establishing clinics of its own to treat the large number of school children in need of relief. At this conference the conclusions of the report made by Dr. G. H. Cocks for the State Charities Aid Association were discussed and endorsed. In view of that, the Committee recommended that operations on the tonsils be performed under complete anaesthesia; that the private hospitals of the City be requested to co-operate with the Health Department in the operative care of children with enlarged tonsils and adenoids; that the hospitals provide proper and adequate facilities for such cases and that the City compensate the hospitals for this special service; and further that the public hospitals be requested to provide similar facilities without special compensation. As a result of the pressure brought to bear upon the dispensaries, conditions have improved in some instances and the Committee felt justified in endorsing the action of the Department of Health in discontinuing these five special nose and throat clinics after January 1, 1916.

It is the opinion of the Committee that the functions of the Department of Health should be restricted to the prevention of diseases and that no therapeutic activities should be carried on in the Department.

IX

HEALTH PROTECTION OF THE PORT OF NEW YORK

QUARANTINE.

In 1912, during the State inquiry into the management of the quarantine Station at Rosebank, the Committee undertook an investigation of the problem in its broader bearings. Upon examination of the existing literature on the subject, the Committee was struck by the scarcity of material relating to the history of quarantine development in this country as well as with reference to the problem of quarantine administration. Except in 1892 when the port was threatened with cholera and committees of the New York Chamber of Commerce and of the New York Academy of Medicine were appointed to advise with reference to immediate measures to be taken to relieve the grave situation that existed at the time, no public interest has been taken in the matter of quarantine in the last two or three decades.

Realizing that the matter of quarantine and its administration are matters of vital importance to the public health interests of the community, the Committee made a study of the problem in its various relations. The report contains an elaborate discussion of the relative advantages and disadvantages of Federal and Local control of quarantine at the Port of New York. After a thorough consideration of the various arguments the Committee reached the conclusion that in the interest of the City and State as well as the country at large it is of importance to effect a change of the control of the Station from the State to the Federal Government. The report was published in the *Journal of the American Medical Asso-*

ciation on January 18, 1913. It has received wide and favorable comment in the medical, public health and lay press and stirred up public opinion to the realization of the dangers of inadequate control which may result from exigencies of State politics.

After the war broke out it became apparent to the Committee that some radical steps should be taken with reference to quarantine, to protect the community from the possible dangers of importing disease from the infected areas of Europe. The following resolution has been adopted in April, 1915:

WHEREAS, Maritime quarantine, like over-sea commerce, is not a matter of local, but of national and international interest and importance; and

WHEREAS, The modern tendency in quarantine administration all over the world has been from local to national and international rules and regulations which insure uniformity of system and practice; and

WHEREAS, Quarantine work is essentially scientific in its nature, and cannot be carried on efficiently unless the tenure of office be independent of changes in administration and of politics; and

WHEREAS, The United States Public Health Service, by its organization, the character, training and experience of its personnel and its opportunities for constant communication with all foreign ports, is admirably equipped to administer quarantine in a most efficient manner, as attested by the satisfactory results obtained in San Francisco, New Orleans, Mobile, Manila and the 50 or more other stations administered by the Service in the United States and its dependencies; and

WHEREAS, The history of local quarantine, including that of the port of New York, has shown that in times of crisis the local stations have been unable to cope with the situation without the assistance of the Federal Government; and

WHEREAS, There exists in Europe at the present time wide-spread quarantinable disease which will become a source of grave danger to this country when immigration resumes its usual course at the termination of the war; and

WHEREAS, The opening of the Panama Canal will bring New York into direct shipping contact with South American and Asiatic countries, thus increasing the possibilities for the introduction of endemic tropical diseases; and

WHEREAS, Of all ports of this country that of New York ranks first as a receiving station for foreign goods and immigration, as well as a distributing center for the entire country; and

WHEREAS, The Federal government controls all the services incident to the administration of the port of New York with the single exception of the quarantine, which is logically a part of the immigration service; and

WHEREAS, The United States as a party to international quarantine

agreements cannot guarantee their uniform observance unless all quarantine stations are under Federal control; and

WHEREAS, The expenses for health protection, the benefits of which are shared by all parts of the nation, should not be borne by one city or state; and

WHEREAS, All the ports of this country with the exception of Baltimore and New York, for the reasons above cited have already ceded their quarantine functions wholly or in part to the Federal government,

THEREFORE BE IT RESOLVED, That the economical and efficient administration of the quarantine service, and above all the safeguarding of public health, demand the transfer of the quarantine station of the port of New York from the State to the National Government; and

BE IT FURTHER RESOLVED, That the Governor of the State of New York be and hereby is respectfully and earnestly urged to take immediate steps to secure such transfer.

In order to find out the extent of public approval of the policy advocated by the Committee, this resolution was sent to a large number of persons interested in public health, such as citizens of prominence, educators, men of large affairs, physicians, social workers, health officers and others. Over 1,000 replies were received endorsing the suggestion, and but two or three persons questioned its advisability.

Impressed by the extent of unanimity in public sentiment with reference to this matter, the Committee took steps to bring it to the attention of the Governor. It is a source of gratification to be able to record that the matter has received very careful and sympathetic consideration on the behalf of Governor Whitman who on many occasions has shown an enlightened interest in public health. After having satisfied himself with the advisability of making the proposed change, the Governor incorporated the suggestion in his message to the Legislature at the beginning of the present year. Following this message the Committee took steps to have a bill introduced in the Legislature transferring the quarantine station to Federal control.

Senator Ogden L. Mills introduced such a bill in the Senate and Mr. Adler introduced the same bill in the Assembly. While the bill was in Committee many hundreds of persons wrote to Albany urging its passage. The bill was favorably reported, passed both Houses of the Legislature and was signed by the Governor.

Pending the arrangements which the commission created by

the bill is to make with the Federal Government concerning the disposal of the real estate and other property connected with the station at Rosebank, an officer of the United States Public Health Service has been appointed by the Governor and confirmed by the Senate to take charge of the Station.

PHYSICAL AND MENTAL EXAMINATION OF IMMIGRANTS.

The great decline in immigration caused by the present war has suggested to the Committee the desirability of establishing a system of thorough physical and mental examination of the immigrants with a view of ascertaining the prevalence of various diseases among them. From a conference with the Chief Medical Officer of Ellis Island, the Committee learned that such intensive examinations have been started and that the percentage of defects noted has increased from the former two or three per cent. to about seven per cent. ascertained by this more careful scrutiny. This difference of results obtained suggested the desirability of asking the Surgeon General of the Public Health Service to attach a larger number of physicians to the medical corps at Ellis Island when immigration resumes its normal course, and to ask the Department of Labor to increase the detention facilities at the immigration station.

HARBOR POLLUTION.

At the time the Metropolitan Sewerage Commission completed its work, in May 1913, the Committee made a study of the available reports and arranged for a meeting at the Academy on the subject at which the various problems involved were discussed by Dr. Soper and other members of the Commission. As no steps were taken by the City to relieve the heavy pollution of the harbor and as conditions are becoming aggravated, the Committee has recently brought this matter to the attention of the Board of Estimate and Apportionment in the form of the following letter:

To the Board of Estimate and
Apportionment, New York City:

Gentlemen:—

From various studies that have been made of the sewage problem of this City it is evident that some comprehensive plan must be adopted in the near future to prevent the surrounding waters from becoming so foul as to constitute a serious nuisance and a danger to health. It has been ascertained that the harbor is heavily polluted with sewage, that the organic matter discharged into the waters has drawn heavily upon the natural assimilative capacity of the water and that tidal action does not sufficiently flush out the harbor. The flushing action of the tide is slightest in the East and Harlem Rivers and the pollution has become particularly heavy in these waterways. Tests made in 1913 showed that the Harlem River was 82 per cent. polluted *and that at various times during the hot weather there was practically no free oxygen in the water of the Harlem River.* If the supply of oxygen in the waters surrounding the City is ever allowed to become exhausted the water will turn black, offensive gases will be given off and the harbor will resemble a huge septic tank.

Without presuming to advise as to the standards of cleanness and as to what would be the most practical way of attacking the problem, the Committee, after an inquiry into the matter, has resolved to urge upon the Board of Estimate and Apportionment the initiation of immediate steps to prevent the further pollution of the harbor and the formulation of plans for dealing with this important problem in a comprehensive fashion.

It is the belief of the Committee that the initial steps in a matter of such vital importance to the health of the City should not, and cannot, with safety, be entrusted to local improvement boards or to the individual boroughs. In the Committee's opinion it is a City problem which should be dealt with by the City as a whole. In appropriating money out of the general tax funds some years ago for the investigation by the Metropolitan Sewerage Commission, the Board of Estimate and Apportionment tacitly accepted the principle that harbor pollution is a City matter, and not a matter of local district concern.

We respectfully bring this matter to the attention of the Board in the hope that it will receive early consideration.

Very truly yours,

(Signed) E. H. Lewinski-Corwin,
Executive Secretary.

The Board of Estimate requested the Chief Engineer to report on immediate steps to be taken to relieve the situation. The plans submitted call for the construction of a trunk sewer, by means of which the sewage from the Bronx and the northern part of Manhattan will be diverted from the East and Harlem Rivers

to the Hudson River. There are also two other schemes proposed. The Committee has held several conferences with the Chief Engineer of the Board of Estimate and Apportionment and with the Chief Engineer of Sewers of the Borough of Manhattan. The matter is still receiving the attention of the Committee.

X

MISCELLANEOUS ACTIVITIES AND REPORTS

THE FORMATION OF A HEALTH FEDERATION OF THE CITY OF NEW YORK.

In the course of the Committee's activities it became apparent that there are many organizations in this city whose work is similar in scope and method and yet there is no endeavor to co-operate. It occurred to the Committee that to save energy and also to bring about a greater concentration of effort on certain matters it might be advisable to form an organization comprised of representatives of the various civic agencies interested in public health. Upon investigation it was found that there are in this city over one hundred private agencies which are interested in various phases of public health work.

The Committee thereupon called a meeting of these organizations in the hope that such a conference might reveal not only aims held in common but also methods of co-operation. In particular, it was thought that any opinion of such a conference representing the wishes of so many organizations would be welcome and effective at budget hearings.

The response to the invitation was encouraging and generous. At this gathering held at the Academy of Medicine on June 4, 1913, the following resolution was adopted:

WHEREAS, There are in the City of New York about one hundred and twenty-five private organizations interested in various phases of Public Health work; and

WHEREAS, The existing lack of close co-operation and co-ordination permit duplication, and waste of effort as well as a distinct loss in the effectiveness of the various independent endeavors,

THEREFORE, BE IT RESOLVED, That a Central Committee on the Public Health of New York City, composed of representatives of the various organizations, be chosen to act as a clearing house for the exchange of ideas and information and for the co-ordination of the varied private health activities of the City and to provide for the Institution of an Annual Conference of the organizations.

A committee was elected with Dr. John H. Finley chairman. The committee proposed that the association be known as the Health Federation of the City of New York, and that it be governed by a board of fifteen persons, known as the Central Council of Public Health of the City of New York.

The general aims and purposes of the Federation had been formulated as follows:

1. To provide for conferences of private health organizations.
2. To act as a clearing house for the exchange of ideas and information in reference to the public health of the City.
3. To co-ordinate and prevent duplication of the various public health activities of the City.
4. To promote co-operation in the investigation and study of health problems.
5. To study the City Budget in its relation to public health.
6. To take an active interest in the administration of all such branches of the City government as have a direct bearing on public health; and,
7. To provide for a combined expression of opinion on matters relating to public health.

After the appointment of Dr. Finley as Commissioner of Education of the State of New York, Dr. John H. Huddleston was president until his death on October 30, 1915. The Federation held annual meetings devoted to the consideration of the municipal budget. In addition, several meetings were held which were devoted to reaching a better understanding of the work done by the various organizations and also to the consideration of certain special and timely problems such as fire prevention, and unemployment.

During the typhoid fever outbreak in this city, in the summer of 1913, the Council of the Federation decided to make a study of the epidemic with a view of ascertaining the cause of it and the

degree of observance of quarantine rules in the homes of typhoid fever patients, and also to discover the proportion of cases which were unknown to the Department of Health, because of the failure of the physicians to report.

Twelve sections of the city were selected for a house to house canvas by trained nurses, loaned for this work by the Henry Street Settlement and by the Department of Social Welfare of the New York Association for Improving of the Condition of the Poor. A report based upon results of this investigation was prepared and published in the *New York Medical Record,* January 10, 1914. The numerous practical recommendations made by the Council proved of great service to the Department of Health in focusing attention upon the matter of typhoid prevalence in this City.

OPINION WITH REFERENCE TO TYPHOID IMMUNIZATION.

During the Typhoid Fever epidemic in Manhattan in 1913 the Committee considered it its duty to advise the public with reference to typhoid immunization, and the following resolution of the Committee endorsed by the Academy has been published in the lay press of the City:

WHEREAS, An epidemic of typhoid fever has been in active existence during two months of the fall of 1913 in the Borough of Manhattan of the City of New York; and

WHEREAS, Immunization against typhoid fever by the injection of typhoid vaccine has become medically recognized as a prophylactic measure of great value; and

WHEREAS, The Department of Health of the City of New York now holds itself ready to perform immunization on request,

BE IT THEREFORE RESOLVED, That The New York Academy of Medicine recommend this method of prevention of the disease to the attention of the public and urge that all persons in an infected family and any persons who have been exposed in any way to the disease follow up the sanitary precautions usually taken in such cases by subjecting themselves to immunization at the hands either of their private physician or of the Department of Health.

RESUSCITATION OF THE APPARENTLY DROWNED.

At the request of the U. S. Volunteer Life Saving Corps, the Committee made inquiries as to the best method of resuscitating the apparently drowned. Opinions were secured from Prof. W. B. Cannon of the Department of Physiology of Harvard University, Prof. Frederick S. Lee of the Department of Physiology of Columbia University, and Prof. Graham Lusk of the Department of Physiology of Cornell University.

The information received very strongly favored the so-called Schaefer method. The following is the information given to the U. S. Volunteer Service, based on the opinions received from the three sources above quoted: The Schaefer method is far preferable to the Sylvester method, and the Committee heartily approves its adoption. The advantages of the Schaefer method are:

1. It is very efficient. To prove this it is only necessary to quote the results of careful measurements made under Schaefer's direction. In a series of experiments on the relative efficiency of different methods of respiration, he found the air exchange per minute to be as follows: Natural respiration 5850 cc; artificial respiration by Sylvester method 2280 cc; artificial respiration by Schaefer method, 6760 cc. This shows that by the Schaefer method, exchange of air is three times the amount by the Sylvester, and considerably greater than even in natural respiration.

2. It can be performed without fatigue by a single individual for hours. The ease of application is considerably greater than in the other method.

3. It is simple and easily learned. It can be taught to laymen in a few minutes.

4. Its employment is less liable to result in fracture of the ribs than in the employment of the other method, and

5. It gives complete ventilation of the lungs, and thus it prevents the falling back of the tongue into the respiratory passages. It allows the tongue to fall forward, and the mucus and water to escape from the mouth, so that the tendency of this to block to passage of air, which is inherent in a supine method, is altogether obviated.

RESTRICTIONS OF THE SALE OF HABIT-FORMING DRUGS.

In 1913 the District Attorney of the County of New York pointed out the difficulty of controlling the illicit sale of drugs without an amendment to the law which would put certain control over the dispensation of drugs by physicians. The bill tentatively prepared by the office of the District Attorney has been submitted to the Committee for criticism.

After numerous conferences with the Assistant District Attorney, with the representatives of the Comitia Minora and with the Committee on Legislation of the New York County Medical Society, with representatives of the State Medical Society and the Section on Laryngology of the Academy as well as with representatives of the College of Pharmacy, the Committee agreed on the inclusion in the law of certain regulative provisions. The Committee felt that physicians should be willing to submit to the inconveniences placed upon them by the proposed law, such as detailed record-keeping, in order to afford to the State the protection required from the evils following in the wake of the promiscuous sale and use of habit-forming drugs.

QUACK TREATMENT AND PATENT MEDICINE ADVERTISEMENTS.

The Committee was instrumental in bringing about the adoption by the Board of Aldermen of a City ordinance forbidding misrepresentation in advertisements and making it a misdemeanor to advertise the sale of merchandise or personal service which is deceptive or misleading. The Committee's special reason for supporting this ordinance was to discountenance the practice of dishonest physicians and the sale of harmful drugs. The ordinance is, however, insufficient to protect the public and the Committee has therefore given its support to the Health Department ordinance demanding the printing of a description of all the ingredients of the various patent medicines, and endorsed the so-called Hamilton-

Fertig bill introduced in the State Legislature during 1912 Session which aimed at extending the principle of the City ordinance to the State.

TWILIGHT SLEEP.

Twilight sleep was a matter of inquiry on the part of the Committee. Opinions were obtained from a number of obstetricians and gynecologists and a report on the subject prepared, which was, however, never made public because of the still existing difference of opinion among obstetricians and gynecologists as to the value of the drug used and the methods pursued.

VACCINATION.

(a) At the request of the Citizens' Union of New York the Committee very carefully considered the Bill introduced in the Legislature during the 1915 session, modifying the existing law with reference to vaccination in several aspects. One of the striking features of the bill was its provision that no requirement of vaccination certificate be made of children entering public schools, and made no exemption for the cities of the first and second classes.

The Committee was very much opposed to the principle of the bill but, apprised of the peculiar conditions prevailing in the rural sections of the State, did not oppose the bill except to insist upon an amendment exempting the City of New York from its provisions. The following is the resolution adopted and forwarded to the Citizen's Union.

Resolved, That the Public Health Committee of the New York Academy of Medicine opposes Assembly Bill, Int. No. 125, entitled "An Act, to amend the public health law in relation to vaccination," in so far as it applies to New York City, for the reason that present conditions in regard to vaccination and the control of smallpox appear to be entirely satisfactory in this City at the present time, and therefore should not be changed.

(b) At the request of the State Department of Health the Committee carefully considered a circular letter of instruction prepared by the State Department of Health and intended to guide physicians in the performance of vaccination. The Committee made a number of suggestions, some of which were adopted.

(c) The Health authorities of the City have called the attention of the Committee to the fact that there is a generally imperfect practice of vaccination among physicians. The Committee made an inquiry of the medical schools of this City with reference to the matter and found that all of the colleges give a certain amount of theoretical instruction in vaccination. The Committee felt that the theoretical instruction should be supplemented by more practical experience than has been hitherto afforded to students, and made such a recommendation to the medical schools of the City, advising them to give more opportunity to their students for practical work in vaccination under adequate supervision.

FREE DIAGNOSIS OF SUSPECTED CANCER TISSUE.

In November, 1915, the Commissioner of Health of the City asked the advice of the Committee as to whether the Department of Health should add to the list of diagnostic services offered for public benefit free diagnosis of suspected cancer tissue. The Commissioner stated that an appeal for the establishment of such a service has been made by the American Society for the Control of Cancer.

Before offering an opinion on the matter the Committee made an investigation regarding the existing facilities for laboratory diagnosis of cancer in this City. It was found:

1. That there are three private laboratories which do this kind of work.

2. That there are four medical school laboratories whose pathologists examine specimens both free of charge and for pay.

3. In addition there are 24 hospitals where work of this kind is done but limited to hospital and dispensary patients and probably also for the attending physicians.

4. Then there is the State Institute for study of malignant

diseases at Buffalo which does work of this kind gratuitously. The work of the Institute covering the whole State is unavoidably delayed in some instances.

The Committee felt that the stimulus offered to physicians by the establishment of ample facilities for the analysis of cancer specimens is so important from a public health as well as a medical point of view that the City should establish a special branch in its laboratory and afford to the practitioners the opportunity for examination of these specimens without cost, under certain safeguards.

The following is the summary of the Committee's attitude concerning the matter and its recommendations.

1. Since the present facilities for obtaining free diagnosis of suspected cancer tissue are limited to the gratuitous work of the pathologists of the various medical schools, and to the State Institute for the study of malignant disease at Buffalo, the establishment of such a service by the City Department of Health is highly desirable and would be of value in promoting the early diagnosis of cancer and in encouraging practitioners not to temporize with new growths of doubtful nature.

2. Such a service should, however, be safeguarded in all possible ways, to prevent its abuse to the detriment either of the patient or of the profession. With this end in view specimens of tissue submitted should be accompanied by a written declaration from the physician to the effect that the patient's circumstances do not permit of the payment of a fee for the examination. Furthermore, specimens should not be sent directly by the practitioner, but should be brought to the laboratory by the patient or one of the patient's family or friends, who should there receive a printed form stating the fact that the examination is made without charge; or what is preferable, that specimens may be sent directly by the physician, but the laboratory should then send a statement to the patient to the effect that the examination is made without charge.

3. To prevent over-burdening of the laboratory, it is suggested that in announcing the inauguration of the service, attention be called to the fact that it is limited to residents of the City of New York and that practitioners be urged not to make demands upon it unnecessarily.

4. Report should be made to the physician in the case

The recommendations of the Committee were adopted by the Department of Health.

CO-OPERATION WITH THE POLICE DEPARTMENT.

The Committee has considered with great interest the suggestion of Police Commissioner Woods, that the members of the Police Force could be made efficient agents towards the promotion

of public health and street sanitation. A number of conferences with the Commissioners of Police and Health and representatives of various civic organizations has been held. In addition, a number of the Committee made a personal tour of inspection of Police Headquarters and certain representative districts of the City. This tour was personally directed by Commissioner Woods and resulted in a very much better appreciation of the problem involved, on both sides.

CO-OPERATION WITH THE MUNICIPAL CIVIL SERVICE COMMISSION.

At the request of the Municipal Civil Service Commission the Committee has prepared standards for physical examinations for the position of clerk, second grade; has advised with the Commission in preparing standards for the position of resident physician in the City hospitals; has criticized the standards set by one of the expert examiners for the position of coroner's physician and has rendered a detailed opinion thereon; has examined and criticized a plan for the reorganization of the Bureau of Physical Examination of the Municipal Civil Service Commission and has, from time to time, given to the Commission the names of those whom it considered best qualified to act as expert examiners for the purpose of rating experience papers, preparing the examination and rating the answers of candidates for various important positions.

In appreciation of the service of the Committee, the Municipal Civil Service Commission has, at its meeting on July 15, 1914, passed the following resolutions:

WHEREAS, The Public Health Committee of the Academy of Medicine has rendered the Municipal Civil Service Commission of New York valuable co-operation, therefore, be it

RESOLVED, That the Municipal Civil Service Commission of New York hereby records its grateful acknowledgment and appreciation of the service which have thus been rendered at a personal sacrifice; and be it further.

RESOLVED, That these resolutions be noted on the minutes of the Commission and a copy thereof forwarded to the said Committee.

XI

MUNICIPAL BUDGET

MUNICIPAL BUDGET.

One of the aims of the Committee has been the constructive study of the budgets of those of the City Departments whose work deals directly or indirectly with public health. Accordingly every year a study of the needs of the various Departments is being made with a view of advising and assisting the heads of the departments and the City authorities as to the desirability of changes or additions in the established lines of work.

1911

In 1911 the Committee was chiefly interested in the contagious disease hospitals of the City and upon the basis of a study made, a summary of which was given above, it made certain recommendations to the Health Department and to the Board of Estimate and Apportionment. It also urged the appropriation of funds for the construction of two new hospitals, one in the Bronx and one in Queens.

1912

In 1912 the chief studies of the Committee in relation to the Department of Health were in connection with the Division of Child Hygiene and the Bureau of Records. A number of other items in the budget were also taken up. The Committee urged upon the Health Department the preparation of Budget requests for personal service in many of the divisions of the Department on a population basis. The suggestion was adopted, particularly in school inspection work and in the control of contagious diseases.

In the Division of Child Hygiene the ratio of physicians and

nurses to school children in medical inspection work was found to be too low and the Committee recommended an increase in accordance with the standard which it formulated on the basis of minute studies of the work and duties of the physicians and nurses.

Similarly, it was found that the staff of the Bureau of Records was entirely inadequate to allow for any extension of the work of the Division in the direction of statistical research and the enlargement of the number of tables published by the Bureau.

The Committee recommended the establishment of dental clinics and supported the budget requests of the Health Department for the equipment and operation of these clinics.

The Committee urged the granting of the request of the Department of Health for the employment of physicians and nurses to be used in the control of venereal diseases. The requests for the establishment of clinics for the treatment of venereal diseases, however, was opposed on the ground that there was no evidence at the time to show that sufficient effort had been made to use the resources already at hand and that there was also no evidence as to the expediency of the Health Department assuming any additional therapeutic activities.

The Committee has consistently advocated the extension of milk stations over the City, particularly in congested districts and in districts where the infant mortality was particularly high.

The Committee opposed the request of the Department for an increase in the number of inspectors in the Division of Milk Inspection on the ground that the method of milk inspection by itinerant inspectors was not as effective as the bacteriological examination of milk when delivered to the City.

The Committee opposed the budget requests of the Division of Contagious Diseases, recommending an increase in the number of nurses and a decrease in the number of new physicians, on the ground that a great deal of routine work in the home quarantine of contagious disease cases could be done efficiently by nurses at a lower cost to the City.

With regard to the Department of Public Charities the only study undertaken in connection with the work of that Department was the investigation of the need of a hospital in the lower section of Manhattan. On the basis of this investigation the Committee felt that there was no need for a hospital in that Section of the

City and suggested that instead an emergency station be organized in connection with Bellevue Hospital, which, as is well known, carries on a very active service.

The Committee made a study of the distribution of the nursing staff at Bellevue Hospital and found that the charge that an undue number of nurses was assigned to duties other than nursing was unsubstantiated. The Committee found that some of the wards were undermanned, but that this was due to a lack of available funds for a sufficiently large nursing staff.

1913

In the budget of the Department of Education the Committee supported the request for three physicians to be attached to the Division of Physical Training, a physician for the open air classes which are designed for anemic children, and two physicians for school hygiene work in the Department. Five of these physicians were granted after several presentations by the Committee.

In 1913 the Committee again reiterated its belief in the need of increasing the staff of the Division of Child Hygiene for school inspection work and for the operation of dental clinics; also for an increase in the staff of the Bureau of Records.

The proposal on the part of the Board of Estimate and Apportionment to reduce the minimum salaries of medical inspectors of the Department of Health was studied, and the Committee opposed this action in the belief that such a reduction would lower the standards of efficiency of the work.

The Committee similarly opposed the budget requests of the Department of Health for additional surgeons and anaesthetists for the throat clinics operated by the Department. The Committee took the stand that no extension of the therapeutic activities of the Department of Health should be encouraged.

With reference to the budget of Bellevue and Allied Hospitals, the Committee supported the request for additional nurses and for a larger staff in the pathological laboratory. After carefully examining the various recommendations of the Board of Estimate Committee on Hospitals, the Committee endorsed the recommendation made for the establishment of paid resident internes at Bellevue Hospital.

Because of the difficulty in obtaining the desired information

as to the plans of the Department of Public Charities, the Committee was unable to take action with reference to the budget of the Department, except to endorse the plan for a clearing house for mentally defectives in connection with the institution at Randall's Island.

1914

During the budget hearings in 1914, the Committee advocated the establishment of additional milk stations and the appropriation of funds for additional medical inspectors and nurses to bring the ratio of children to physicians and nurses nearer to the standards set for school inspection work.

The Committee endorsed the requests of the Department of Bellevue and Allied Hospitals, which were drawn in accordance with recommendations of the Committee on Hospital Inquiry of the Board of Estimate and Apportionment. The need of adequate funds to allow for the employment of a sufficient number of nurses to conform with the minimum ratios, adopted by the Committee on Hospital Inquiry, was urged.

The Committee made a study of the situation with reference to the plans of the Board of Inebriety and urged the development of the Farm Colony.

1915

There were numerous constructive changes in the budget requests of the Department of Health as presented in 1915. The Committee endorsed all of the changes and requests with one exception. It strongly advocated the establishment of two new milk stations and the extension of the force of visiting nurses for tuberculosis cases and it endorsed the requests for an additional clerical staff to attend to the enforcement of the new patent medicine regulations.

The discontinuance of nose and throat clinics of the Department of Health for reasons of economy has met with the approval of the Committee who consistently discouraged the therapeutic activities on the part of the Department of Health.

The matter that met with the opposition of the Committee was the proposed reduction in the staff of the Division of Laboratories which if carried out would have made impossible any re-

search work on the part of the Division. In the opinion of the Committee the research work of the City laboratories should not be curtailed. The Committee urged upon the Commissioner the utilization of a sufficient amount from the antitoxin fund to make good the contemplated reduction in the tax-levy appropriation. In accordance with this recommendation of the Committee, the Commissioner made such use of the antitoxin fund and the Laboratory Division was able to continue its routine as well as research work on an undiminished scale.

The budget of the Department of Public Charities was carefully examined and the requests for additional nurses in the several hospitals of the Department to bring the ratio to the minimum standards was strongly endorsed. The request for a Deputy Superintendent to supervise the children's service at the Metropolitan Hospital, which received a special study on the part of the Committee, was similarly endorsed.

The budget for the service on Randall's Island, which has undergone a thorough re-organization was strongly supported by the Committee, as was also the request for $3,960 to be expended for medical examinations at the Municipal Lodging House, at the rate of $4.00 a day per physician.

With reference to the budget of Bellevue and Allied Hospitals, the Committee voted to support the request for additional physicians in the alcoholic and psychopathic service and a request for a supervisor at Bellevue Settlement House which is carrying on very useful educational work and which provides quarters for women and girls in the early stages of pulmonary tuberculosis. In this respect, the service is similar to that of the boat "Southfield" for male tuberculosis patients.

The Committee also endorsed the request for the required staff for the conduct of the Clearing House for atypical children, which was transferred from the Department of Public Charities to Bellevue.

The request for paid physicians in the out-patient department of Gouverneur and Fordham Hospitals has also been endorsed as well as the request for paid physicians in the night tuberculosis and children's clinics at the Harlem Hospital.

XII

LEGISLATION

The Committee has been interested in a number of legislative projects bearing on public health and cognate subjects. In most instances the action of the Committee was limited to expressing either approval or disapproval of the proposed measures, but in several instances, as in the matter of transferring the quarantine service at the Port of New York from State to Federal control or the checking of the evil arising from the consumption of habit forming drugs, for example, it took part in framing the bills and in soliciting the support for them on the part of medical and general public opinion. The measures with reference to which the Committee expressed an opinion are as follows:

(Federal)

1. The Owen Bill. At the time the so-called Owen Bill was introduced in Congress, establishing a Federal Department of Health, the Committee took active interest in the subject and made inquiries of various public men in Washington and elsewhere. After a thorough consideration of the matter the following resolution was adopted:

"Whereas, There has been a distinct movement in the medical profession for some years past for the conservation of the national health; and

Whereas, There have been a number of bills introduced in Congress tending toward the amalgamation of the public health functions of various departments of the United States Government;

Be it Therefore Resolved, That the Committee on Public

Health, Hospitals and the Budget of the Academy recommend to the Council of the Academy that they urge the formation of a National Department of Health;

And be it also Resolved, That a copy of this resolution be sent to the President of the American Medical Association."

2. The Henry Resolution. In May, 1913, Congressman Henry introduced a resolution in the House providing that Rule 10 of the House of Representatives be amended so as to provide a standing committee on Public Health and National Quarantine to which all proposed legislation affecting the Public Health shall be referred instead of to the Committee on Interstate and Foreign Commerce.

The Committee unanimously endorsed this resolution and sent copies of this endorsement to a number of representatives of the House.

3. The Committee endorsed the Bill, introduced at the same session of Congress, reducing the tariff duties on drugs and scientific instruments of precision.

Prior to this action a thorough investigation was made of the tariff rates on drugs and scientific apparatus under the Dingly (1895) and Payne-Aldrich (1909) acts.

4. In reply to a request from the Committee of One Hundred on National Health as to the lines of extension of the health work of the Federal Government, the following four activities were suggested by the Committee:

1. Interstate control of sources of disease infection, such as cattle, milk, oysters, shell fish, vegetables, etc.

2. The extension of the Federal power over the quarantine stations of the ports of New York, Boston and Baltimore.

3. The extension of the registration area and the improvement and standardization of vital statistics; and

4. The improvement of the medical examinations at immigration stations, particularly with reference to more rigorous physical examinations and mental tests of the aliens.

5. Recently the Committee expressed its disapproval of the resolution introduced by Senator Works, limiting the rights of the United States Public Health Service to join Medical, Public Health and other private scientific bodies.

The following is the resolution that was forwarded to the Senate Committee on Public Health and National Quarantine on May 5, 1916:

WHEREAS, the Joint Resolution introduced by Senator John D. Works of California, in Congress, making it unlawful for any officer or employee of the United States Public Health Service to be or to become a member or officer of, or in any way connected with, any medical or private health association or organization of any kind, if passed by Congress, would limit the usefulness of a very important branch of government service; and

WHEREAS, it would deprive medical, public health and other scientific bodies of the benefits derived from association and interchange of ideas with the officers of the Public Health Service who have contributed, individually and collectively, much to the progress of medical and public health science; and

WHEREAS, it would dissociate the members of the United States Public Health Service from the rest of the medical and public health professions and would deprive them of the benefit accruing to them, as officers and administrators, from direct contact with other workers in the same field of usefulness; and

WHEREAS, it is generally recognized that government administrative endeavors can be most successful only when cordial co-operation is given to them on the part of the public; and

WHEREAS, Mr. Works' resolution expressly forbids direct association of the officers of the United States Public Health Service with the members of the medical and public health professions as organized in national bodies where they can be most easily approached and induced to co-operate with and assist in the work of the Service; and

WHEREAS, by this prohibition, if enacted into law, the public would materially suffer by being deprived of the advantages that accrue to public benefit from the present close association of the officers of the United States Public Health Service with scientific associations; and

WHEREAS, the principle of this resolution may serve as an entering wedge for encroachments of a similar nature upon all other scientific workers in government service, to the detriment of the efficiency of government and to the public welfare at large; and

WHEREAS, the statement in Senator Works' resolution concerning the aims of the American Medical Association is not correct, for it omits to say that a main purpose of the Association is to weed out from the medical profession dishonest practitioners and to raise the standard of medical education and practice in this country,

THEREFORE, BE IT RESOLVED, That the Committee on Public Health of the New York Academy of Medicine expresses its emphatic opposition to the passage of the joint resolution of Senator Works; and

Be it further resolved, That copies of this resolution be sent to the members of the Congressional Committees to which this resolution was referred, and to the daily press of New York City.

Representatives of the Committee had an opportunity of presenting the views of the Committee to the Chairman of the Senate Committee on Public Health and National Quarantine in Washington. The resolution of Mr. Works failed to receive the endorsement of the Senate.

6. The Committee approved of the principle of the Kern-McGillicuddy bill which provided compensation for injured employees in the Federal Government.

(State)

In 1912 the Committee urged upon the Governor the veto of the amendment to the Agricultural law embodied in Assembly Bill No. 154, which passed under special rules and without discussion in either branch of the Legislature, exempting from punishment any person who sells or exchanges milk actually produced by a cow or dairy which is a fair sample of the milk produced daily by such cow or dairy and which has not been adulterated, shall not be guilty of any crime on account of the lack of proper proportion of food elements in the milk. In the opinion of the Committee the law so amended would have materially weakened the protection afforded to the public against impure and adulterated milk and would have rendered the punishment for violations of the law very difficult if not impossible. As a consequence of the efforts of this Committee and other civic bodies, Governor Dix disapproved of the measure and an attempt to lower the milk standards was definitely defeated in this State.

1912

The Committee took active interest in the revision of the City Charter, attempted during Mayor Gaynor's administration. It opposed the abolition of the Board of Trustees of Bellevue Hospital and the substitution of the Board by a commissioner.

The Committee advocated the establishment of a Department

of Hospitals, which would have under its jurisdiction all of the hospitals of the City with the possible exception of the hospitals for contagious diseases because of the present police power exercised by them under the authority of the Department of Health.

1913

The Committee helped the District Attorney in drafting, and afterward supported the bill establishing a better control over the sale and disposition of cocaine, eucaine and other habit-forming drugs, which was presented to the Legislature and passed.

The Committee took an active interest in the hearings and work of the Commission appointed by Governor Sulzer, in 1913, to draft recommendations with reference to the re-organization of the State Department of Health.

1914

In 1914 the Committee opposed the so-called Nelson Bill (Assembly No. 453) prohibiting dispensaries from charging any fees to anybody for anything. This bill, if enacted into law would have proved prejudicial to the interests of the sick poor of the City, because it would have deprived them of the possibility of obtaining medicine at very low prices. The measure would also have afforded an opportunity for diminished control over dispensaries. As a result of the opposition registered by the Committee, as well as other civic and medical bodies, the bill was defeated.

1915

During the 1915 session of the Legislature, the Committee was forced to oppose several of the measures because of the detrimental character of the proposed legislation. Among these measures were the so-called Hinman Bills (Assembly No. 1600-1601-1602-1603) which provided for a series of amendments to the new health law which has been considered by sanitarians the country over as one of the most constructive and progressive health laws. In the opinion of the Committee the amendments were ill-advised and particularly at the time when the State Department of Health had just passed through a period of re-organization in accordance

with the provisions of the new law and was just beginning to develop its activities. Owing to the almost unanimous opposition to the bills on the part of public health and civic bodies, the bills failed of passage.

The Committee also opposed a bill (Assembly No. 863) introduced by Mr. Thorn, which intended to free from the limitations of medical practice those engaged in "the practice of Christian Science for the prevention and cure of disease." The Committee pointed out that such an amendment to the law would permit the treatment of contagious diseases, such as diphtheria and scarlet fever by persons whose capacity for diagnosis and knowledge of the treatment and means of limiting the spread of these diseases has not been submitted to examination, and are most doubtful. The Committee regarded these contemplated amendments to the law as a distinct menace to public health. The bill was lost.

During the preparation of the bill abolishing the office of the coroner, the Committee gave advice and help in drafting some of the provisions of the bill, which was enacted into the law the next year. During the same session of the Legislature, a bill was introduced in the Assembly by Mr. Tallet (No. 125) amending the health law by striking out the provisions for compulsory vaccination of school children. The Committee opposed the principle of the bill and its application to New York City. As a result an amendment was made exempting from the bill, cities of the 1st and 2nd class. In the amended form, the bill passed and became law.

1916

In 1916 the Committee took active steps in urging upon Governor Whitman the veto of the so-called Simpson bill, which passed the Legislature and the purpose of which was to deprive the boards of health of the right possessed by them to regulate traffic conditions so as to prevent overcrowding in public conveyances. The Committee pointed out that such a measure would be prejudicial to the public health interests and would, moreover, establish a dangerous precedent for further encroachments upon the jurisdiction and powers of municipal boards of health. The Governor vetoed the bill.

The Committee supported the Hamilton-Fertig bill which aimed

at extending the New York City regulations with reference to patent medicines to the whole State. The bill was referred to the Public Health Committees of the Legislature. It has not been reported out of Committee.

The Committee very actively supported the bill for the transfer of the quarantine station at the port of New York from State to Federal control and was able to persuade the majority of the legislators of the desirability of the measure. The bill, appointing a Commission to negotiate with the Federal Government for the transfer of the state quarantine establishment was passed on April 19th and approved by the Governor on April 27, 1916.

(Municipal.)

Antitoxin.

In 1912 a resolution was introduced in the Board of Aldermen to discontinue the free distribution of antitoxin on the part of the Board of Health. The Committee appeared before the Board of Aldermen and urged that the resolution be withdrawn.

Deceptive Advertising.

The Committee supported the resolution introduced in 1916 by Alderman Chorosh making it a misdemeanor to place misleading or deceptive advertisements.

Sanitary Code.

In 1912 the Committee called the attention of the Commissioner of Health to the insanitary conditions prevailing in certain types of bakeries, food product factories, and stores where food is sold, and to the lack of protection of food products from contamination, and suggested that an amendment be added to the Sanitary Code, which would provide that no food shall be offered for sale, be displayed or transported unless adequately protected from dust, flies, or other kind of contamination.

This suggestion was favorably received by the Board of Health and incorporated into the Sanitary Code. The Committee also co-operated with Dr. Lederle in drawing up regulations for the sale of "loose" or "dipped" milk.

In 1913, during Dr. Lederle's administration the Committee suggested that a clause be added to the City Sanitary Code for the protection of food exposed to contamination by flies and other sources. Accordingly, section 142 of the Sanitary Code was amended to meet the demand. The Committee was also responsible for the inclusion in the Code of another provision regulating the sale of bichloride of mercury.

The clause dealing with this matter provides that no person shall offer bichloride of mercury for sale except upon a written prescription of a physician or veterinary, and that the tablets be of a distinctive form and color and labeled "poison."

When in 1913 the matter of granting to the osteopaths the right to sign death certificates came before the Board of Health, the Committee opposed this request on the ground that such a grant of privilege to the osteopaths would lessen the qualification required of those who sign death certificates and that such an extension of the right would tend to make the statistics of the causes of death still less reliable than they are at the present time.

During the recent revision of the Sanitary Code the Committee took an active interest in the process and gave advice whenever requested by the Commissioner of Health.

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